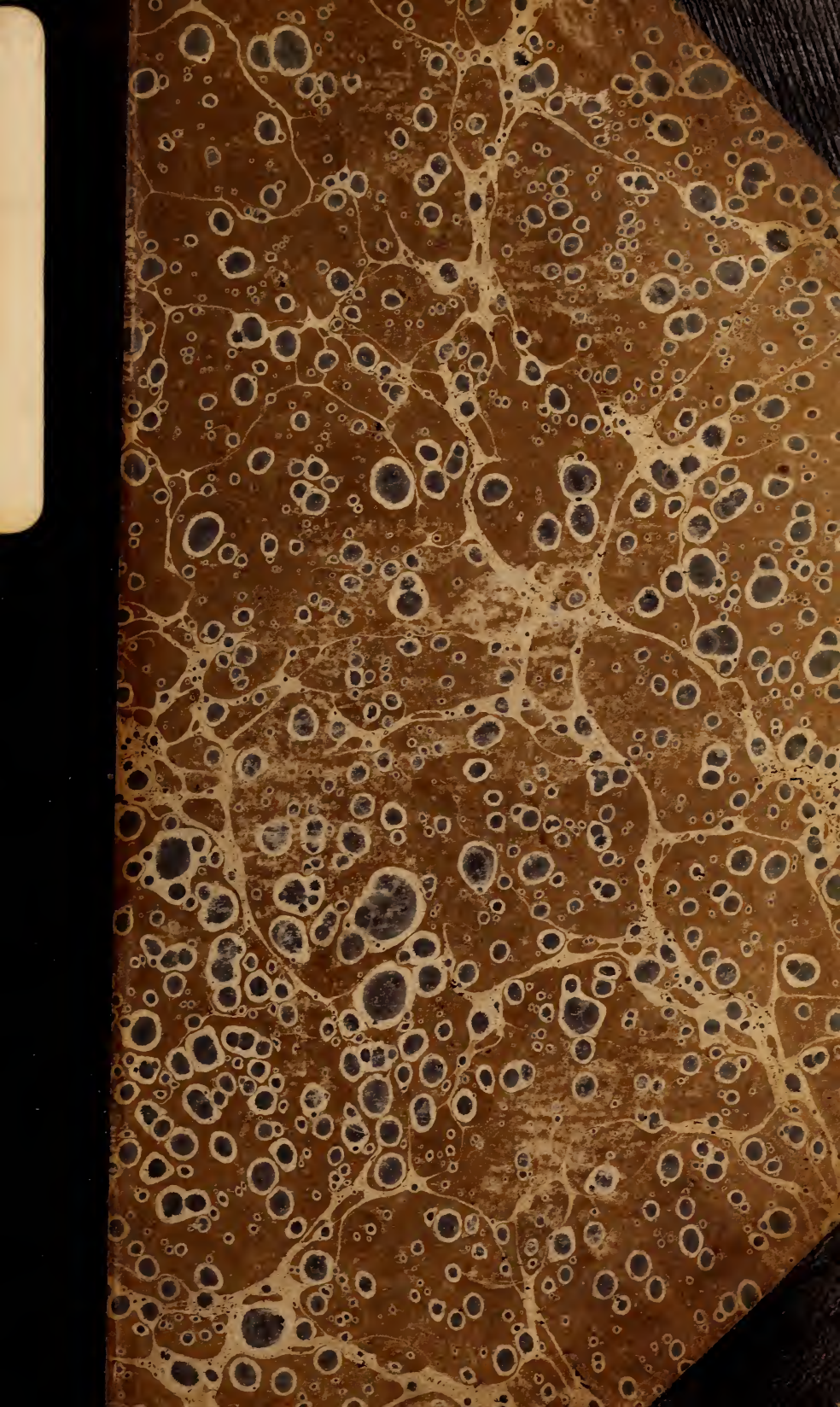




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THE  
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EDITORS,  
ROBERT S. NEWTON, M.D.,  
PROP. OF SURGERY IN THE ECLECTIC MEDICAL COLLEGE OF THE CITY OF NEW YORK.

AND  
P. ALBERT MORROW, M.D.,  
DEM. OF ANATOMY IN THE ECLECTIC MEDICAL COLLEGE OF THE CITY OF NEW YORK.

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ORIGINAL COMMUNICATIONS.

Surgical Papers.—No. I.

BY ROBERT S. NEWTON, M. D.

Professor of Surgery in the Eclectic Medical College of New York City.

NASAL POLYPI.—THEIR PATHOLOGY, DIAGNOSIS, AND TREATMENT.—A REMARKABLE CASE CURED.

EXPERIENCE has convinced me that the study of the tumors occasionally found in the nasal cavities, and of which there are a great variety, has been too much neglected by surgeons. I conceive it to be the duty of every surgeon to freely express his opinions to the profession. There are many kinds of tumors met with in the nose, some of which ought not to be included under the title polypus; yet, no doubt, many of these imperfectly developed polypi degenerate into true polypi, and others again, of the canceroid kind, have originated from ordinary polypus, or some of its varieties. There have been a variety of divisions of nasal polypi, yet none seem to be perfectly satisfactory. It will serve the purposes of surgery to regard them either as simple mucous, fibrous, or cancerous. Of each of these kinds there are many varieties. The mucous tissue of the nasal cavity,



like that of the uterus, is studded with small glands, and as both those cavities are exceedingly subject to polypus, it is fair to infer that they generally originate from some diseased condition of those glands. What that exact condition of disease is, would be difficult to determine, as we have no means of examining the mucous surfaces of the nasal fossa and the uterus before disease has brought the patient to our hands. Examination then instituted, can lead to no important conclusions, for the parts are already in an advanced pathological condition. It is a well-known fact, that while the mucous membranes are a continuous structure, it differs very materially in different localities, and this circumstance explains the fact that tumors arising from it, in different localities, also differ very much in character. M. Nelaton has recognized this fact, and has pointed out the circumstance that both the membranes of the nasal fossa and the uterus are subject to hemorrhagic disease; indeed, both are subject to hemorrhages which are not regarded as being of a diseased character.

The membranes of the nasal fossa are subject to quite a number of diseased conditions, which are not true polypi. There may be a mere thickening of the parts, there may be open ulcer, there may be intense inflammation; but the diseases common to that locality are mostly of the polypus character. Wherever we detect a single polypus of the cavity, we shall find upon examination that it springs (if of the simple mucous kind) from the mucous membrane, and will soon be followed by similar growths. Very often we notice, in post mortem examinations, a great number of minute polypi, when only one is developed to any considerable size. They are not confined to any particular period of life, but are most common in the middle period. We often observe a defect in the voice, some persons articulating particular sounds with great indistinctness. Upon close inspection we shall find the tissues of the nasal fossa to be affected with polypus disease, though there may be only a thickening of the tissues. Mucous polypi usually grow rapidly until the cavity is filled up, when they remain stationary, rarely caus-



ing any material deformity, as is the case with the enlarged fibrous tumor. They not unfrequently entirely destroy the power of olfaction, and in some instances also the function of audition. The taste, too, is always dull in persons thus affected. We are not, however, to infer that a loss of those senses presupposes, of necessity, the existence of polypus. It is further to be remarked, as Mr. Syme intimates, that these symptoms are aggravated to a considerable extent in damp weather. In children the polypus generally grows from the lining membrane of the inferior spongy bone. Upon examination, such polypi are found to be composed mainly of greyish vesicles enclosed in a soft cellular tissue. Malgaigne tells us that these polypi usually spring from the superior and middle spongy bones, near the maxillary sinus. My experience has shown that they may spring from the mucous membrane of any part of the cavity, unless we except the middle septum of the nasal fossa.

Before any remedial means are adopted, we should be sure that what we are regarding as a mere mucous polypus is not, in reality, only a thickening, or tumefaction of the mucous membrane. This, in children, is very apt to be the case. Extorsion may relieve for the time, but the polypus will return, and the only effectual remedy is a general alterative and tonic course of medicine, and after mild cauterization of the parts, the application of such tonic astringents as will give tone and vigor to the membrane thus affected. There is but little doubt in my mind, that all forms of polypus of the nose, are mere degenerations from the simple mucous polypus. Different surgeons have adopted different plans both for extorting and for excising nasal polypi, almost any of which are usually quite successful, and the local application of proper caustics and tonic astringents is considered by me to be of more importance than the mere removal of the developed polypus, since it should be our object to prevent, if possible, their recurrence, which would thus subject the patient to renewed operations. For purposes of cauterization, some of the forms of zinc are preferable: either the sulphate or chloride answers well.

The fibrous and cancrioid varieties should be considered as varieties of one and the same tumor, as there is but little doubt that the latter is merely a degeneration of the former. It may rise from any part of the cavity, but springs generally from the submucous tissue, and sends its roots in all directions, especially into the natural cavities. In its fibrous state it is very solid, and tough, indeed, as has been remarked; its strength may be nearly equal to tendon; hence the difficulty of removing it by torsion. Patients thus affected are generally the victims of much unnecessary pain, in the hands of men who regard all polypi as mere fungi to be easily removed with the forceps. When in the true fibrous state, these polypi are usually well supplied with blood vessels, and hence excision is often attended with profuse hemorrhage. Fibrous polypi often attain a large size, and speedily prove fatal, unless prevented by an operation. They create great deformity, separating bones, breaking down structures, displacing the eye, and committing great ravages generally. They may produce dissolution by hemorrhage, by pressure on the brain, or by suffocation, as they not unfrequently descend into the pharynx and fill up the orifice.

Young persons of the male sex are most liable to this form of disease, it being rarely met with after forty-five years have been attained. Indeed, in the extensive experience which I have had, I have not met with a single case in a patient over forty. Nothing short of an operation can effect a radical cure, and even this is not always successful. There may be present an incipient cancrioid condition, which, if not promptly met, will soon develop into open cancer. Hence I deem it proper for the surgeon to constantly bear in mind the great liability of this tumor to degenerate into the cancrioid variety. He will thus treat it rationally; he will vary his plan as the indications are more or less perfect of such a cancrioid tendency, and indeed it would be well to regard such a condition to be present in all cases of true fibrous polypus. I proceed to a case which illustrates the treatment of both the fibrous and the cancerous stages of nasal polypi, premising that I regard the case as one worthy of record.

In 1855, C., aged about thirty years, presented himself for treatment of a cancerous polypus of the nasal fossæ. He stated that its ravages were beginning to affect his general health, though not so much as to attract particular attention. The left eye was considerably protruded, the nostril of the left side was not only completely filled, as was the right, but very much enlarged. The voice was exceedingly defective, and there was escaping an intolerable odor which had recently began to keep the patient nauseated. Upon examination it was found that the entire cavity was filled with a canceroid polypus, which had filled the entire surrounding space, and displaced the soft palate, absorbed the greater part of the bony roof, which it had broken down, leaving the tumor suspended into the mouth, and resting on the tongue, making it impossible for the patient to breathe unless the mouth was opened, and very difficult to introduce his food. Upon close inspection it was found to be attached to the basilar processes underlying the skull, with roots diverging into all the cavities, deeply seated in the submucous tissues, and in many places adhering to the bony surface of the basilar processes. The posterior part of the tumor was, no doubt, attached to the vertebral column, though of this there is some doubt in my mind, notwithstanding that those parts were eventually reached. I am disposed to think that attachment to this point is not usually extensive, and from the clasping nature of the base of these tumors we are liable to be mistaken as to the true points of origination. A prolongation of the tumor had entered the cranium and compressed the optic nerve, thus destroying the impressibility of the iris to the influence of light. Whether the entrance had been effected at more than one point cannot be stated. Another prolongation had found its way into the zygomatic fossa through the ganglion of Meckel; in fact, it had penetrated every opening in the vicinity. The patient had the hemorrhagic diathesis, bleeding profusely on slight wounds being sustained, so that I deemed the ligature preferable to the knife for extirpation. This was passed up through the nostril with the spring canula, around the posterior base of the polypus, and out again at the

usual orifice. By close attention for a couple of weeks the tumor was so nearly removed that it was excised, and the chloride of zinc and hydrastin, mixed to the consistence of paste, applied. The patient now found himself able to breathe freely, and being relieved from the disagreeable odor, he was generally more comfortable. I should have operated by removing the superior maxillary bone, preserving the membranes, as far as possible; but the disease had made such frightful progress that the roof of the mouth was destroyed, membranes included, to a considerable extent, so that there was no necessity for enlarging the orifice. Upon removal, the tumor exhibited both the fibrous and encephaloidal cancerous peculiarities, large portions being decidedly of a medullary character. The discharging purulent matter was insufferably fetid, and irritating to the healthy parts with which it came in contact. The treatment was long and tedious, requiring patience in both the surgeon and patient. Several months' constant attention, however, enabled me to destroy every vestige of the tumor. The periosteum and the Schneiderian membrane were both too much destroyed to allow me to entertain hopes of the regeneration of the bony roof, but at the end of eight months, the cavity was covered over, the voice improved, and the parts looking sound. The eye regained its function and receded into its normal position, and the patient was finally discharged cured.

The surgeon will find that great care in the application of his caustic will be requisite; injudiciously applied, it may produce fatal consequences: and I beg also to caution the inexperienced operator against the danger of hemorrhage. To this circumstance of a disposition to excessive hemorrhage may be added the liability of the patient to sink under the operation, unless the system has been previously toned up for the reverted secretion which must occur after the removal of the tumor.

A variety of tumors of the nasal fossa and the surrounding parts may degenerate into cancer; but I am convinced that those of a polypous kind are more liable to such degeneration. It may be laid down as a rule, then, that nasal



polypi should be removed as soon as possible, no matter what may be their character, as delay may be fatal, or may subject the patient to a dangerous operation, when a simple one would have been all sufficient in the outset. I have treated a number of these cases with like results.

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The Laws of the Human Temperaments, in relation to Marriage, and the Consequences of their Violation: Illustrated by Cases in Practice.

BY WILLIAM BYRD POWELL, M. D.

I WILL again define my position with regard to the human temperaments, in order that my readers may understand me.

I define temperament to be a mode of being, *sui generis*, compatible with life, health, and longevity; and the elementary temperaments to be the Sanguine, the Bilious, Lymphatic, and Encephalic. The views usually entertained of the three former will answer my present purpose; and the fourth is that in which the cerebrum is largely developed, with a reversed condition of every other part of the system. Its most distinguishing peculiarity is an expansion of the cerebral hemispheres throughout the full extent of the parietal ridges.

Although, from time immemorial, it has been known that marrying in and in, or in consanguinity, was attended with a degeneracy of the species; yet to the extent of my reading, it has not been known, that even stronger and more fatal incompatibilities to marriage alliance obtain outside of this circle, and with the best of health in the parties, and, in the abstract, the best of physical and mental organizations.

In 1837, in the State of Mississippi, I took boarding in a private family, where I was never more pleased than I was with my host and his wife; both of them possessed vigorous health, both had the best of mental endowments, both were of rather a full habit of body—being of the same temperament, sanguine bilious lymphatic. I was so much pleased

with the persons and endowments of both of them, that I anticipated seeing, when they should return from school, some of the finest models of humanity in their children. But I was greatly disappointed. I then, incidentally, as it were, inquired of the lady how many children she had. She answered six, and then went on to remark that her three eldest were dead, and that she greatly feared that the remaining three would go in the same way, (and I thought it would be well if they did); but the wherefore was a great mystery to her, as the family of her husband, like her own, had always been remarkable for their generally good health. At that time, the fact was as much of a mystery to me as it was to her. The three remaining children had large and badly formed heads, small necks, chests, muscles, and bones. From their organization, I concluded that her fears that they would go as the others had gone, were well founded

My study of the human temperaments commenced eleven years before, or after I became disgusted with all that I could find in books or hear in schools about them; but I had not observed any such family results before, and at this time did not regard them as holding any necessary relation to them.

From this time forward, I observed closely every family I met with; and it was not long before I met with an encephalo-bilious man and wife, whose two elder children, about ten and twelve years old, respectively, were so rachitic that they had never walked. They had three children; the youngest, a little girl, who closely resembled her father, possessed some promise. In a few weeks more I met with another encephalo-bilious man, whose wife was sanguine encephalo-bilious, with the two latter elements preponderating. One of their children was too idiotic to be trusted with business; another one, a married woman, had consumption; and the two remaining ones, though not wanting in intellect, were so imperfectly constituted that they could not probably live beyond maturity. The husband did not think that consumption had ever been in either branch of the family.

In six months I saw enough to induce me to believe that the temperaments had something to do in the premises, and



I began to treat of it in my lectures, and cautioned young people against uniting themselves with those who possessed a similar complexion and make of person.

At Raleigh, Tennessee, I lectured one night, and treated this subject at considerable length. Next morning a fine-looking and intelligent planter called upon me, and, after some desultory conversation, told me that he had had the pleasure of hearing my lecture the night before, and added that his wife resembled him very closely, having the same colored hair, eyes, skin, and make of person, and that both of them had always enjoyed very good health. "Now," said he, "I desire your opinion as to the prospects of our children." I answered, "It is possible that you have had none; and if you have, I think it very probable that they will not live to be ten years old." He replied, "Your latter opinion is correct; my wife had six, all of whom are dead, and neither of them lived to be ten years old. But as my young negroes did well, I could not suppose my residence to be the cause, and hence I was unable to comprehend why we should lose our children, till I heard you last night."

Supposing that he had concluded what he had to say, I gave my attention to another gentleman who was waiting for it. The moment I became disengaged, the old gentleman informed me that the mother of those children died of cholera, and that he had married again. He stated that his present wife was lean, and had black hair and eyes, and a dark skin. "Now," he inquired, "what is my prospect for children?" I assured him that it was as good as he could desire. With evident emotions of pleasure, he remarked, "We have three fine boys."

Several months elapsed before I could give the *rationale* of such results. I had long before come to the conclusion that nature, or the procreative law, was solicitous for the good and safety of the species, even at the cost of individuals, but how the good of the species required the preceding sacrifices, I could not imagine; on the contrary, I thought that such parents were such as nature should desire to perpetuate the species. At length I met with a man and his wife, in both

of whom the phrenological region of reverence and hope was very highly developed, while the head of each child was as flat on top, or nearly so, from one parietal ridge to the other, as the table I am writing on. The reflection of a few minutes satisfied me why this should be so. Nature aims at the good of the species, and if the combined or united strength of this portion of the brain in the parents should be entailed upon the children, and these children should entail it in the same way, nothing less than monstrosity could be the ultimate result. Even the first generation would be unfit for usefulness, except as mere dependents. Thus I became led to a conclusion with reference to the previous cases. It would have been exceedingly unfortunate for the first and last of those parents to have entailed the united strength of their vital vigor, or cellular repletion. Nature has forbidden it, and therefore she will not allow the fruits of such disobedience to live, if produced. But more of this by and by.

I am now acquainted with a family in which the husband is sanguine bilious lymphatic, and the wife bilious encephalolymphatic; both are much advanced in years, and in good health. Four of their children have died of consumption, another has now the disease, and the sixth has an organization strongly indicative of a liability to the same.

I have a legal acquaintance of the quadruple constitution, who invited me, in 1853, to take tea with him. Soon after my arrival he presented his little son to me. I immediately discovered that he would not probably live to maturity; and directed my attention to the mother, and discovered that she had the same combination of the temperaments, though not in such balanced proportions, as the husband. The father asked me my opinion of the child. I told him that he would not probably raise him—that his brain was too much developed for his body. He then remarked that he had lost four children of brain-fever, and that all of them had much the same organization; but that this one was more stout and healthy, and progressed at school with great rapidity. I think this boy is still living.

A sanguine-encephalic Judge, in Alabama, invited me to

dine with him. In a few minutes his little son came in from school, when the father remarked that he had a prodigy in that son, to which I replied, "It is a great misfortune." He evidently expected me to express some admiration of the child, and in his confusion, asked me why I thought it a misfortune. At this moment his wife came in and was presented to me, whose constitution I perceived to be sanguine encephalo-bilious—the two former elements preponderating. He informed her of what I had said, which occasioned in her some alarm, and she expressed, as the Judge had done, a desire to know my reason. I told them that without a vigorous circulation, digestion and assimilation, the brain could be of but little use; and assured them that the child's arterial, pulmonary and digestive systems were not sufficient to sustain so large a brain. I advised them to give but little attention to his scholastic education—to give him a free use of the playgrounds, and to send him as much as possible to a dancing-school. In about three years after this event I called upon the Judge; his wife met me with tears in her eyes, and exclaiming, "My poor boy is dead, and I believe that if we had taken your advice he might have lived."

From what I could learn, it seems that there had been a convention of the school teacher, the parson, and the parents, to determine in relation to the course I had prescribed for the boy. The parson had some doubts as to the truth of phrenology, and admitting it to be true, he contended that I might make mistakes in the application of it; and as the boy progressed rapidly at school and had excellent health, it was decided to keep him at school. The mother, in this convention, constituted the minority—she favored the adoption of my course, but this was referred, by the majority, to her maternal fears, for which they could discover no cause except my opinion.

General Washington and his wife were both sanguine, except that she possessed a little of the encephalo-lymphatic. Napoleon Bonaparte was of the sanguine bilious encephalo-lymphatic constitution, and his first wife sanguine bilious lymphatic. General Jackson was sanguine bilious—the lat-

ter element predominating, and his wife purely bilious. In these instances, as it is well known, no children were produced. These historically known facts should have due weight in sustaining my observations, inasmuch as no explanation has hitherto been had of them. Of facts having this character, I have many which have passed under my own observation; two or three of which I will cite. Judge ——— and his wife possessed the bilious-encephalic constitution; they lived to be old, but had no children. An intimate friend of the writer, a highly intellectual and educated gentleman, and his wife, one amongst the most polished of ladies, were of the sanguine encephalo-bilious constitution. They had no children—became at length mutually unhappy, and worse—mutually intemperate, and finally separated. An acquaintance of the writer married a number of years since, but had no children; his wife died, and three years since he married again. I told his brother, at the time, that he would have no children by his wife, or if he had, he would not raise them. He asked me why, and I told him they were both alike—of the same constitution; when he remarked, “That was the case with his first wife.” So far, the opinion I gave was correct. I know one party who were of the same constitution—had no children, and separated; but subsequently, each obtained a different companion and became blessed with children.

These facts would seem to warrant some important conclusions with reference to the laws which govern in the premises, and to explain the fact that marriages in consanguinity degenerate the species; and yet, between the violation of the laws of temperate and consanguine marriages, there does not, to me, appear to be a general parallelism. The former does not appear to be attended with as much of what is usually called scrofula, or as much mental stupidity as the latter, but with more organic imperfection and liability to early disease and death; but upon this subject I am not confident; I want more facts; the evils attendant upon both may be referable to a violation of the same law under modifications of those conditions that constitute the premises.



If we contemplate the two sexes as two distinct varieties of the human race, we shall find that one is but the complement of the other in all of the essential modes of existence. It does, then, absolutely require a good type of each to make one well-balanced and perfect unity. I have observed an exemplification of this law, in my intercourse in society, in those individuals who are so well developed and balanced in both body and brain as to be of no use to themselves or to others, unless impressed by external motives of such force and efficiency as to break up the pre-existing and normal balance of cerebral action. If, then, it be true that the good or best interests of the race require that one sex shall be the complement of the other, that the male shall have more developed than the female the animo-vital powers, and all those that act in concert with them, and the female shall have the vegeto-vital, and those powers that act in association with them, in a higher degree of endowment than the male, then it would seem very clearly to follow that the same law should be observed in all marriage alliances. When, therefore, the animo-vital forces are strong in both parents, or feeble in both, or that the vegeto-vital shall in a similar manner exist in both, then the law of the normal relations between the sexes has been violated, and in the ratio of the violation will be the seriousness of the consequences.

It may be inquired how the public are to be guided by the distinctions I have drawn, inasmuch as they are not understood by any one except those who have been my pupils? The answer is, that by these means they cannot do it; but they can do that which is equivalent—they can determine how far they resemble, in complexion, make of person, and form of head, any other given individual, and how far they differ from him. If each man and woman will, as far as practicable, select their companions out of those who shall the least resemble themselves, they will very greatly but not entirely avoid the commission of a very serious blunder. The exceptions will be with those who, when young, are of a lean habit of body, but destined to acquire a full one; but even here the difficulty can be obviated by directing attention to

that side of the family of the individual which he or she may resemble.

Among the forms of disease to which the violation of this law produces a liability is tubercular phthisis—one about which so much trouble has been had to trace each individual case to an hereditary origin. The success of this inquiry has not been found to extend beyond about thirty-six per cent., leaving sixty-four per cent. to be accounted for by some other means. As I have never known this form of disease to occur in any but those who are organically feeble in both vigor and tenacity of life, I concluded long since that a liability to it essentially inheres in such debility. Under the meteorological influences acting upon Boston, phthisis is a frequent disease, but those influences in the South produce, in the same class of organizations, intermittent fever, enlarged spleens, dropsy, and death. Hence intermittent fever is just as hereditary in the South as phthisis is in the North. The truth is, it is hereditary in no place, but a mere attendant upon certain forms of organization under prescribed circumstances. That such an organization is frequently hereditary—an heirloom in some families—I admit, but not more so than that which is liable to acute rheumatism, chronic rheumatism, and a host of other forms of disease. One thing is certain; phthisis occurs about twice as frequently without a consumptive parentage as with it; and in all such cases, I have no doubt, through violations of the procreative or marriage laws. If these views be sound, as I verily believe they are, the preventives are obvious—obedience to the laws of marriage and proper educational processes.\*

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### Chloroform—Its Administration and Uses.

BY C. T. HART, M. D.

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THE practical demonstration of the fact, that the severest surgical operations can be performed upon the human sub-

\* In the May No. of this Review this subject was referred to under the several divisions, in a classified form.



ject, without the slightest pain, was truly a grand stride in science, and of incalculable benefit to the human family. The idea that complete anæsthesia can be induced without danger, was first generally promulgated in 1846. The honor of its conception and practical application has been claimed by three parties—Dr. Horace Wells, a dentist of Hartford, Conn., Dr. W. T. G. Morton and Dr. C. T. Jackson, of Boston. The matter has been finally settled through the investigations of the Hon. Truman Smith, and the meed of praise and gratitude, justly due so great a discovery, is proved to belong to Dr. Horace Wells. In his report upon the subject, recently made, Mr. Smith shows that as early as 1844 Dr. Wells enunciated the idea, and tested it by having one of his own teeth extracted *without pain*, while under the influence of nitrous oxide.

Ether was first generally employed as the anæsthetic, but in 1847, Dr. Simpson of Edinburgh proposed chloroform as a substitute, finding it more reliable and speedy in its action. It has gradually come into general use, and has almost entirely superseded the former. It is one of our most positive and valuable remedies, but is not properly appreciated, and the best mode of administering it is not fully understood by many practitioners. I propose in this article to point out, briefly, some of the diseases in which, in my experience, it may be safely and advantageously employed.

Chloroform is so well known, that little need be said concerning its physical and therapeutic characteristics. It was discovered by Samuel Guthrie of Sacketts Harbor, N. Y., in 1831, and about the same time by Sonberian in France, and Liebig, in Germany. Its chemical composition and therapeutic action were studied by Dumas and Peligot, in 1834-5, and the formula ( $C_2 H. Cl_3$ ) ascertained to represent its ultimate constitution. It is very volatile, and the vapor when inhaled induces first a delightful exhilaration, speedily followed by muscular relaxation, insensibility, and profound sleep. Internally it acts as a relaxant and anodyne.

Much has been written against the use of chloroform by inhalation; many eminent in the profession, claiming that

its administration, even for surgical operations and during parturition, is attended with more danger than benefit. There are tens of thousands of cases, however, on record, to attest that the objections urged are not valid ; and that when properly administered, under right conditions, it is as safe as any of the poisonous remedies which are daily prescribed.

*Mode of Administering.*—To avoid danger, much depends on a careful observance of a few simple rules. Be sure the article is not adulterated ; administer slowly, allowing a *free admixture of air*, and when practicable, on an empty stomach. Watch the pulse and respiration, and if the former becomes weak and flickering, or stertorous breathing arises, stop it at once. If the depression and stertor are great, resort to the usual restoratives, as dashing cold water in the face, ammonia to the nostrils, stimulants internally, artificial respiration, &c., taking care always to pull the tongue forward, as it sometimes falls back in the fauces and thus blocks up the air passages. When there is much depression, or when the nervous system has been previously much excited, I always give a dose of morphine and whiskey before I induce anæsthesia. If this precaution were always taken I think there never would occur a case of “death from chloroform” to be reported. This agent destroys life by completely paralyzing the nervous system, thereby arresting the heart’s pulsations. This effect sometimes arises suddenly, but will be invariably obviated by the whiskey and morphine, which seem to keep up, so to speak, an undercurrent of stimulation, while they do not interfere with the action of the chloroform, but on the contrary appear to favor a more speedy and gentle action.

Many plans have been proposed and instruments invented for its administration, but I have found none to answer so well as the following, which is safe, convenient, and economical. Pour a few drops of chloroform on a piece of old domestic or linen, two or three inches square, and secure this in the palm of the hand, by partially closing it. A sort of cup is thus formed which can be nicely adjusted to the nose, so as to admit a free supply of air, while none of the vapor

escapes. By closing the hand entirely on the rag when it is occasionally removed, (which should always be done,) evaporation is suspended and all waste prevented. By this method anæsthesia is readily induced, and may be sustained for a long period with a very small amount of chloroform.

*Uses.*—Chloroform is no longer confined exclusively to surgery, but has been found to be a most valuable therapeutic agent in many diseases. Much of the prejudice which at first existed against its employment during labor, has been removed. In my opinion, it should always be given, when not positively contra-indicated, not simply to alleviate much unnecessary suffering, but because, in most cases, it acts as a direct parturient. When, for example, the mucous membrane of the vagina is diseased, it often becomes very irritable, so that after the fœtus has been partially expelled from the womb, its further progress is retarded by firm contractions of the vaginal walls, excited through reflex nervous action. By relaxing these contractions, as well as the muscles of the perinæum and soft parts generally, the latter stages of labor are greatly expedited. It is not necessary to administer chloroform, until the “bearing-down,” or true expulsive pains come on, and then, not in sufficient quantity to induce complete anæsthesia. If given in the manner described, suspending it entirely between the pains, it may be continued for a long period, without the slightest danger.

The objection has been urged, that it favors the occurrence of hemorrhage after delivery. If this be true, the casualty can always be averted by giving ergot, timing its administration so that it will take effect just at the completion of the labor. Indeed, whenever I find the uterine contractions feeble, when the labor has been protracted, or there is the least predisposition to hemorrhage, I always give the ergot, thus securing a firm contraction of the uterus, and speedy expulsion of the placenta.

*Puerperal Convulsions.*—In this fearful malady, chloroform is invaluable. Whether the convulsions occur before or after the birth of the child, establish complete anæsthesia at once, apply ligatures to the extremities, and resort to such

other remedies as are indicated to give permanent relief, being careful not to suspend the chloroform entirely, until all symptoms of spasms have passed off. In one case I had to continue its use for seventeen hours before the patient was entirely relieved.

*Intermittent Fever.*—In the cold stage of this disease, especially when the chill is severe, and the congestion great, the inhalation of a little chloroform will speedily arrest the rigors or “shake,” and the distressing sensation of cold ; allays the mental disquietude and nervous excitement ; equalizes the circulation, and restores warmth—in a word, breaks up the chill at once, and greatly modifies the subsequent fever. In 1858 I first tried it upon myself, as an experiment, and finding it to act so well, have since continued it regularly in general practice. Latterly, however, I am in the habit of giving it internally, one dose being generally sufficient to stop the “shake,” and procure profound sleep. During the intermission, of course the usual remedies must be resorted to, as it is not claimed that the chloroform is positively curative. I believe that if given in time, almost every case of that terrible disease—the congestive chill—would be averted.

*Crampp Colic.*—In this painful, spasmodic affection, forty drops of chloroform and a drachm of spirits of camphor will relieve almost immediately.

*Erysipelas.*—A few applications locally will often speedily remove erysipelatous inflammation.

*Dysmenorrhœa.*—Some women suffer intense pain just before the menstrual flow is established, in consequence of irritability of the neck of the womb, which becomes spasmodically constricted as soon as the secreted fluid comes in contact with its sensitive surface, on its downward passage. The discharge is thus retained in the *fundus uteri*, acting as a constant irritant, and causing great suffering until a free exit is obtained. In such cases, the inhalation of a little chloroform at once overcomes the difficulty, the menses appear, and continue regularly.

*Asthma.*—The discovery of any agent that will speedily relieve the mental and physical torture, and intense distress



attending a paroxysmal attack of asthma, cannot be too highly estimated. The victim of this annoying disease has found this boon in chloroform. A few whiffs will generally allay his suffering. When repeated very frequently, however, a larger quantity is required, and its good effects are not so marked.

*Neuralgia and Muscular Rheumatism.*—Applied locally, chloroform may be so managed as to produce on the skin every grade of excitement, from a slight irritation to complete vesication. In addition to its counter-irritating action we have in it also a local anodyne. A piece of linen, moistened with it, should be laid over the seat of pain, and, with the palm of the hand, kept firmly pressed to the skin. This should be continued as long as the patient can endure the burning, or until sufficient irritation is induced, and repeated from time to time. Dr. Dupay de Frenelle speaks very highly of this mode of treating idiopathic neuralgia and muscular rheumatism, (which he regards as modifications of the same disease), and reports 150 cases cured by this treatment, in no instance having to repeat the application more than twelve times. In sciatica it should be applied over the course of the nerve, from its origin to termination.

*Preventing Hysteria and Epilepsy.*—In hysterical and epileptic convulsions, the more violent and long continued the spasms are, the greater the shock and consequent injury to the nervous system. Inhaling chloroform, while the fits are on, cuts them short, and if taken in time, often entirely wards off their occurrence. The mental aberration and stupor which follow are greatly lessened. Dr. Brown Sequard recommends it highly in these cases.

*Cholera.*—Chloroform was used in this disease as early as 1848 by D. G. Hill, of the Peckingham Lunatic Asylum. The patient should be anæsthetized, while brandy and other agents are also employed. I have no experience with it in this malady, but am of the opinion, from its efficacy in congestive chill (varieties of which present many features similar to cholera), that it would prove a very efficient remedy, particularly if given internally, combined with camphor and turpentine.



There are other diseases in which this agent may be beneficially employed, both locally and internally, placing it among one of our most positive and reliable remedies, and all its virtues have not yet been discovered. In general, where there is muscular contraction, or pain, arising from nervous irritation, it will be found to be a useful remedy.

Unfortunately, its soothing effects are too well known to the non-professional, and it is a growing habit, particularly among females, to resort to their chloroform-bottle, not only for relief from physical, but mental suffering. Accidents are thus liable to happen, and injury result from a too frequent use of it. The constitutional effects of its prolonged and oft-repeated employment, according to the observations of Dr. Hyde Salter, are insomnia, deafness, apathy, and tremulousness of the hands. In general, they may be stated to be similar to those induced by the abuse of alcoholic stimulants and opium; and hence there is great danger attending its indiscriminate use by the masses.

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### Intermarriage between Kindred.

BY ALEXANDER WILDER, M.D.

"The marriages of blood-relations have no tendency, *per se*, to produce degeneration of Race."—Dr. GILBERT CHILD.

In the work recently published, and entitled "An Eclectic Treatise upon the Diseases of Children," the intermarriage of kindred is strongly disapproved. On page 29, the following language is employed, namely:

"It is universally admitted, but not always avoided, that consanguineous marriages are gross violations of the law of procreation. Physical deformity, or mental inferiority, is certain to appear in some of the descendants of such alliances. The unfortunate consequences of such marriages upon society are so notorious, and have been for centuries, that it is a matter of surprise that penal statutes have not been enacted against them by all civilized countries. Conventional statutes are enacted to enforce obedience to very many of

the organic laws which are very far inferior to this, in their importance, or in the consequences of their violation. Organic law has as positively prohibited marriage alliances between blood-relations, as it has murder, theft, and falsehood." \* \*

Non-professional readers may be persuaded of the thorough profundity and soundness of the position assumed; but critical and intelligent observers will be more cautious and deliberate.

Doctor Powell cites an extract from the *Fredericksburg News*, which contains the statement that "in the country in which the writer was raised, for twenty generations back, a certain family of wealth and respectability have intermarried, until there cannot be found in three of them a sound man or woman." It is almost unnecessary to remark, that no family, except of aboriginal stock, has had an opportunity to intermarry in any county of Old Virginia for twenty generations; and the assertion is plainly an unguarded one. Besides, the writer has taken only the single fact of intermarriage into account, whereas there must have been other causes equally controlling.

Writing in the same spirit, Duvay, of Lyons, asserts "that in pure consanguinity, isolated from all circumstances of hereditary disease, resides, *ipso facto*, a principle of organic vitiation." Numerous examples are presented to show that sterility, deafness, idiocy and other characteristics of degeneration are the result of such unions. It is noticeable, however, that these examples are marshalled for the occasion, and were not fairly selected; justifying the remark of Doctor Gilbert Child, namely: "To say that all but half the children of the marriages of cousins are idiotic, is simply to say, the cases from which the statistics were drawn are not fair cases."

Of all the consanguineous marriages that have fallen under our notice, we never knew of but one instance of idiocy; and in that case, the child was born apparently of sound mind, and exhibited symptoms of impaired intellect only after a thorough medication with calomel. She died

in childhood. There was consumption in the family. The parents were children of two sisters, one of whom was the wife of her cousin.

A distinguished physician has endeavored to give this subject a fair investigation. Doctor J. Langdon H. Down, of London, instituted a series of observations, with a view to determine the accuracy of the hypothesis of congenital mental defect arising from consanguineous alliances. His records were taken with every care as to their correctness, and embraced 1,138 cases of idiots; 753 being males, and 385 females. These numbers, he remarks, make about the ratio, according to his experience, in which the sexes are affected by idiocy.

Of the 753 male idiots, 33 were the progeny of first-cousins; in two of these instances there was another element elicited, namely, that in one case the mother was also the offspring of first-cousins, and in the other case the mother was the child of cousins-german. Three cases were the children of second-cousins, and four of third-cousins. In all, 40 cases out of 753, or only rather more than five per cent., could by any possibility have been due to consanguineous unions. Of 295 females, 13 were the progeny of first-cousins, 3 of second-cousins, and 4 of third-cousins. In all, 20 out of 295, about seven per cent., were the offspring of blood-relations.

Doctor Down then proceeds to consider 20 of these idiots taken without selection from his portfolio. They show the apparent causes of the misfortune as follows, namely: No. 1.—Fright of the mother while pregnant, at seeing her mother struck with paralysis. No. 2.—Mother died from tumor on the brain. Family consumptive. No. 3.—The father habitually intemperate, the mother frightened by a cat in the seventh month of pregnancy. Her family consumptive. No. 4.—Family consumptive. No. 5.—Father's family consumptive; mother's aunt insane. The mother had an epileptic child by a previous husband, not a relative; and an idiotic boy and girl by the second, who was her second-cousin. She believed the idiocy of the one to have been

caused by fright, and that of the other from her habit of brooding over that misfortune. No. 6.—Consumption in the family. The father was eccentric and intemperate, and had an imbecile uncle; the mother was despondent during her pregnancy. The head of the child was badly compressed by the forceps at birth. No. 7.—The father was feeble-minded and epileptic; mother's family consumptive. In the seventh month of pregnancy she was greatly impressed by seeing a girl in the same condition as her own child turned out to be. No. 8.—Mother's relatives consumptive; ten other children, one a twin-sister, very bright and intelligent. No. 9.—Mother nervous. Other children healthy and intelligent. No. 10.—Father's family consumptive, and one sister insane; mother scrofulous and melancholy. No. 11.—Father deficient in mental power; the mother had an aunt insane. No. 12.—Father of a desponding temper, and of a consumptive family; the mother had an imbecile uncle, and also was of a consumptive family. No. 13.—Born with a misshapen head. The first three children were born healthy and perfect; the next was idiotic, and the others died at time of birth. Parents were first-cousins. No. 14.—Father of low order of intellect; mother's family consumptive. No. 15.—Father a drunkard, and had six relatives who were stammerers. Mother's family consumptive; three children idiots. No. 16.—Father had been insane, and his mother eccentric; both parents' families were consumptive. No. 17.—Father weak and nervous; mother nervous, and had an insane uncle and imbecile cousin. Frightened by seeing her husband fall in a fainting fit while she was pregnant. No. 18.—Father irritable and of consumptive family; mother died of consumption, and had an insane uncle. While she was pregnant she was frightened by stepping on an adder. The child's head was much distorted. No. 19.—Mother's mother and aunt were insane, and a cousin suffers from puerperal mania. Two children idiots. No. 20.—Mother was frightened during pregnancy by sight of an idiotic man. The other children sound in mind.

— In the twenty families the whole number of children was



138; of whom 75 had average health and intellect; 25 were idiots; 11 were consumptive; 8 still-born, and 19 died prematurely. In twenty other families in which the parents were not kindred but had idiotic children, the whole number of children was 145; of whom 83 were in average health; 26 were idiots; 1 was consumptive; 11 still-born, and the residue died prematurely. In all these families about one-fourth of the idiots were the first-born children, which would be a hint that mechanical injury sustained at birth had a material influence in producing the misfortune.

A careful examination of these data will convince any intelligent person that a scrofulous diathesis rather than the fact of consanguinity of parents was the principal cause of the calamity of these children. We would venture the assertion that an examination into the history of the idiots, blind, deaf mutes, and weakly children will show this to be the general fact. Like must inevitably produce its like, except where a psychological law transcends the influence of the physiological, and so endows the offspring with a health, a moral and mental vigor, to which the parents were strangers. We have observed repeated examples of this.

It is due to Doctor Powell to state, that before his death, his views on this subject were greatly modified. I take great pleasure in finding an article from his pen, which shows that his researches took a more philosophical direction, and that he possessed the candor, so unusual among the propounders of new ideas, to acknowledge his previous inaccuracy. In a paper entitled "Physiological Incest," in the "Eclectic Medical Review" of May, 1867, he writes:

"The opinion is widely spread and deeply founded in the public mind, that consanguine marriage deteriorates the species by entailing on progeny idiocy, such cerebral imperfections as result in insanity, and constitutions so depraved as to produce all the known forms of scrofulous disease. But statistics on both sides of the Atlantic have failed to sustain the truth of this very general opinion; on the contrary, they show that there are more of the evils complained of outside of the circle of consanguinity than within it, showing



that the cause of the evils above-named is more extensive than consanguine marriages. And of this character is a fact which was communicated to me a few weeks since, viz.: Doctor Patterson, superintendent of the Ohio Idiotic Asylum, informs me that although he has been particular in his inquiries as to the progenitors of the idiots brought to the institution, yet he has succeeded in finding but two per cent. of them to have had consanguine progenitors. This single fact is, in my opinion, sufficient to cast a shade of doubt upon the verity of the very prevalent opinion of consanguine influence on progeny."

In 1855, an inquiry into the subject of idiocy was instituted by the Legislature of Connecticut. The investigation was conducted by three physicians, and copious statistics were obtained. They by no means demonstrate any but a trifling influence from the kinship of the parents; scrofulous, hereditary taint of imbecility and secret habits being the most common attending facts. L. P. Brockett, M.D., who is evidently a gentleman of extraordinary acumen and intelligence, expresses the conviction that the hypothesis of idiocy as the hereditary product of consanguineous alliance of parents is not sustained.\*

\* Doctor Powell afterward propounded the following sentiments, which demand careful attention, namely:

"Some fifteen years ago I was induced to suspect that a physiological incompatibility obtained between the sexes in regard to progeny, and the result has been an entire conviction of the truth of my suspicion. This incompatibility prevails extensively in society, and is, I am confident, the cause of all the idiocy, much of the insanity, all of the tubercular consumption of the lungs, and of mesenteric glands of the abdomen, and of all the scrofulous forms of disease incidental to the human race."

He declares that disease will be entailed in the following alliances:

"1. When the parents have both the sanguine encephalic temperament, their children will die young, of dropsy of the brain, or of tubercular inflammation of its membranes.

"2. When the parents are both bilious-encephalic, the children will be idiotic.

"3. When the parents are both of bilious, encephalic-lymphatic temperament, their children, five out of seven, will be dead-born, and the remainder will not live two years.

Inquiries have been carefully prosecuted in different parts of Europe, with similar results. We feel warranted, therefore, in declaring our fullest conviction of the correctness of Dr. Child's assertion: "The marriages of blood-relations have no tendency, *per se*, to produce degeneration of race."

In Bible times there were few interdictions of marriages between relatives. We will not refer to any example from the antediluvian period, in which it would appear that all marriages were consanguineous. The patriarch Abraham declared of Sarah: "And yet indeed she is my sister, the daughter of my father, but not the daughter of my mother, and she became my wife." Genesis xx. 12. Lot was the offspring of a similar alliance, and became himself the father of two powerful chieftains by his own daughters. Isaac married Rebekah the granddaughter of his father's brother. Esau married the daughter of Ishmael, his uncle; and Jacob wedded the beloved Rachel and the tender-eyed Leah, daughters of his mother's brother. It was high time that some idiots should have been produced, to square with the conclusions of modern dabblers in physiological science; yet, instead, were superior men, the gifted Joseph, the kingly Judah, and the warlike Levi and Simeon. Again, we are informed that Anram, the grandson of Levi, married Jochebed the daughter of Levi, who became the mother of Moses, Aaron, and Miriam. Exodus vi. 12. Here were the children of four or five generations of consanguineous alliances, and what were they? Moses, the profoundest statesman of the age; Aaron, the eloquent brother, and Miriam, the prophetess, whose songs evince a high order of intellect. Hebrew story abounds with similar examples, yet no race perhaps was ever freer from mental and physical degeneracy.

"4. When one parent is bilious lymphatic and the other sanguine bilious encephalic, the progeny will die young of tubercular consumption.

"5. If one parent is sanguine encephalic and the other bilious lymphatic, the children will die young of tuberculous disease.

"6. If one parent is bilious encephalic and the other sanguine encephalic bilious lymphatic, the children will become insane."

Its vitality is proverbial; while to this day, its statesmen, scholars, merchants, and musicians, surpass those of the other peoples of the world.

After the establishment of the Macedonian sovereigns at Alexandria, in Egypt, intermarriage between own brothers and sisters was of usual occurrence for near three hundred years. Yet no extraordinary physical or intellectual imbecility appears to have resulted; and the last of the family, the celebrated Cleopatra, excelled in vigor as well as beauty of person and strength of intellect.

The Derby family in Great Britain have intermarried for centuries, and the late prime minister was the son of first cousins. Physically and mentally he must be acknowledged to be a splendid specimen of a man; and his oldest son, Lord Stanly, takes rank with the most promising and ablest statesmen among the young nobility. The family of Queen Victoria, herself the daughter of cousins and married to one, are not uncomely or malformed. These examples can be multiplied, and are in point fully as much as the assertions of masculine grandmothers in scientific associations, insane reports, and pseudo-physiological treatises.

We will be told, however, of the deterioration of the Bourbons of France, Spain, and Naples, and of numberless families of Continental nobility, as well as of Aztecs, and perhaps Toltecs, and required to show our reasons for not considering them as examples demonstrating the correctness of the modern dogma.

We concede that physiological as well as moral laws are uniform in their operation in all ages and circumstances, knowing "no variableness neither shadow of turning." What was right for a Hebrew patriarch, unless there be a subjective modification of conditions, cannot be wrong in an American citizen of the nineteenth century. Could such modification take place as to render intermarriage of kindred in certain instances improper, and likely to produce unfortunate results? In our judgment there could; but in such cases we insist that kinship is only one of the interdicted relations, for the law is founded on a deeper principle.

That condition, which renders marriage between relatives, or other persons, an infraction of physiological law, is evolved from hybridity or the commingling of distinct races. It has become fashionable in certain circles to recommend alliances between distinct branches of the human family, but Nature has set upon it her seal of abhorrence.

We see this same law also exemplified in the animal world on every side. The mule cannot propagate his kind. Even among sheep it has been found difficult to continue a mongrel breed, except by recurring to the parent stocks for its reproduction. Farmers in this State remember their tedious and unsuccessful endeavors to preserve the Saxon merino sheep, a cross between the native sheep of Germany and merino of Spain. The lambs were feeble and tender, and but a few of them would reach maturity.

Mr. Carpenter says in relation to this subject: "It may be considered as a fundamental fact, alike in the vegetable and in the animal kingdom, that hybrid races, originating in the sexual connection of individual species, do not tend to self-perpetuation; the hybrids being nearly sterile with each other, although they may propagate with either of their parent races, in which the hybrid will soon merge."

This sentence doubtless explains why certain marriages are unfortunate, so far as relating to offspring. The human kingdom is divided into a plurality of races, and must have had a diversified parentage. The families belonging to a single race, like the Abrahamides, who were of pure Chaldean stock, intermarried, half-brothers with half-sisters, nephews with aunts, cousins with cousins, with impunity. The Ptolemaic and other Macedonian families allied brothers with sisters without harm. The royal family of Persia, also of pure Aryan stock, did the same thing. These examples may be multiplied.

But when an alliance is had with an alien race, then intermarriage appears to be attended with calamitous results, as regards offspring. It is said that the mulatto of this continent is a fearful sufferer from scrofula. We regret that more careful observations have not been made in relation to this



matter. We are of opinion that such stocks of the Aryan race as the Scandinavians, Teutons, Celts, Slaves, Iberians, and what French writers are so fond of denominating the Latin nations, several of them at least, are so distinct from each other that intermarriage will result in a mongrel offspring, and many of the evils attendant on hybridity. Certainly we have observed a great repugnance among our people to such alliances. While our best yeomanry have been descended from English Commoners, Scotch Lowlanders, Irish Presbyterians, and Holland Dutch, the posterity of the ancient sea-kings, and intermarriage among them has not wrought apparent evil, we are very apprehensive that the blending of that stock with the Catholic Irish, the Slavic emigrants from Germany and Poland, or with the Italians, would entail upon the offspring the degeneration and degradation incidental to mixture of blood. Of course, we could not approve alliances with the aboriginal tribes, the negroes or Mongolian emigrants, which are farther remote from identity of race.

A reference to history will show how nature devotes herself to the clearing of lineages, and thereby preserving the vitality of races and families. The Turks and Magyars of Eastern Europe have been cleansed of their Turanian blood, and initiated among the Aryan peoples. But the Vandals in Northern Africa, the Normans in Sicily and England, the Goths in Spain and Italy, the Franks in France, appear to have been lost in the original types of the population; while the Hebrews and Gipsies, the Welsh and Irish, the Basques and Slavic peoples have not even altered a feature since their appearance on the arena of history. The Brahmins of India, the royal families of Russia and England, have preserved their characteristics by carefully intermarrying in their own race. It seems only to require a few generations to extirpate mongrelism from a family, so feeble is the vitality of hybrids.

We have observed another class of phenomena, which evidently are indicative of a law that seems to have been left out of sight. Diseased and degenerated parents have



given existence to a progeny with vitiated constitution, illustrating the often-repeated maxim that like produces like. Persons apparently robust and intellectual have had children sickly, and more or less impaired in intellect; and physiological writers have tortured ingenuity to account for the deterioration. But on the other hand we have repeatedly witnessed instances where the parents were permanently diseased and feeble, whose offspring, and large families at that, were vigorous in health and intellect. These facts show that some vital law exists transcending the common vision of our physiological theorists. There must be a more interior principle, more closely allied to the very soul itself, which subordinates the external. The soul is the real selfhood of the person, and its more subtle laws must be more potent than those which relate chiefly to the mere functions of flesh and blood. When the relation exists, denominated by Emanuel Swedenborg *conjugal love*, between two persons of different sexes, there exists the best ground for supposing that the vital auras emanating from their interior being are capable of inducing in their offspring a condition of health, vigor, and intellectuality, which no apparently perfect physiological conditions by themselves can develop. How expressive then the words of Jesus of such alliances: "What God hath joined together, let no one put asunder." Here, we suspect, we have come upon the true solution of the great problem, the perfectibility of the human race.

The sanctities of the social state are not created by external statute regulations, nor do they exist by virtue of priestly consecration. Where there is no proper home-life, there can be no joining together by the hand of God. Alas, for the children that are born under such conditions; they are the doomed victims of parental disunity, and must suffer physically, mentally, and morally. To this subject, let those who debate the causes of degeneration of race and family turn their attention.

If our modern writers on physiology and hereditary descent would be in less hurry to arrive at conclusions, and less tenacious of shaping their testimony to bolster up their

positions, they would be more likely to add valuable contributions to social science. There is, as we have indicated, a broader field for their observations, which has scarcely been occupied since social ethics were prescribed in the law of Moses. When they shall have thoroughly explored this branch of the subject, they will be nearer to the root of the matter, and better able to explain the sources of idiocy and other malformations that afflict the human family. But to make the single agency of intermarriage between kindred, with little regard to attendant circumstances and conditions, responsible for the principal part of the mischief, is evidence of very superficial observations. Its tendency would be to the establishing of a code of morals at war with human nature itself.

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Clinical Record of Cases Treated in the Eclectic Medical Dispensary.

REPORTED BY E. H. MILLINGTON, M.D.

THE following report embraces but a few of the many cases treated in this institution during the last six months. The Dispensary was opened to the public, November 13th, 1866, and although at first the number applying for treatment was very limited, they have steadily continued to increase up to the present time; for the people soon began to discover the difference between Eclectic treatment and that to which they had so long been subjected.

CASE 1.—*March 25th.* Benjamin O'Conner, æt. 47. Has had partial paralysis of the lower extremities for nearly ten years. It came on gradually, without any apparent cause. For the past five years, the disease has appeared to remain without any change, either for better or worse. His appetite is good—general health not much impaired. Can walk a short distance with the assistance of a cane, but is afraid to venture into the street alone, for fear of falling. His gait is of course very irregular. The upper extremities are affected, but not to so great an extent as the lower. Circulation and temperature are normal—sensation unimpaired.

The immediate cause of paralysis in this case, I was not able to determine, unless it was the excessive use of tobacco during a period of some thirty-six years. The seat of the disease appeared to be in the spinal cord about oppo-

site the last lumbar vertebra, for upon passing the negative pole of a galvanic battery over the spot indicated, the electrical current gave rise to considerable pain, although the part was not particularly sensitive to pressure. The patient states that he has been under the care of several physicians, but received little benefit from the treatment.

*Treatment:* I determined to try the effect of electricity, unassisted by any internal medication. A series of twelve cups Grove's Battery was employed. The positive pole was applied to the feet, the negative pole to the neck. After using it in this way, for about twenty minutes, the patient was able to walk with more steadiness than he had done in years before. On the three following days, the current was reversed, that is, passed from the neck to the feet, but this course seemed to be attended with much less benefit than that first tried, and upon returning to the first method, the improvement was again quite marked.

*March 30th.* There has been a steady progress toward recovery for the past five days. The patient states that his friends and neighbors often remark the difference in his gait. Yesterday he walked a distance of nearly two miles, a feat that he has not accomplished before in six or seven years.

*April 13th.* Patient is compelled to leave the city for a few months, in order to work at his trade in a neighboring town. Although he has not met with a perfect cure, his condition is far better than it was three weeks ago.

*May 2d.* Saw the patient to-day, and learned that he remained the same as when he left off treatment.

CASE 2.—*May 9th.* Cornelia Thompson, aged 5, phlyctenular ophthalmia. A week ago she was attacked with catarrhal ophthalmia—the result of cold. Has been treated at a neighboring dispensary, but without any benefit. The child is evidently of a scrofulous diathesis. Her mother states that she is apt to have attacks of this kind whenever subjected to sudden changes of temperature.

The disease is confined mainly to the right eye. There is not much redness of the ocular conjunctiva, although the eyelids are deeply injected. There is a small ulcer on the cornea, a little to the right of the pupil. The pain and intolerance of light are quite marked, and appear to grow worse toward evening.

*Treatment:* Hydrastin, grs. iv. Aqua,  $\bar{\text{z}}$ j Mix. Drop it in the eye two or three times daily. Use internally the Con. Comp. Stillingia Alt.

*May 12th.* Much improved—redness has almost disappeared. Continue treatment.

*May 14th.* Discharged cured.

CASE 3.—*May 1st.* Robert Foster, æt. 2. Scrofula. Child has always been delicate, appetite variable, bowels constipated. There are several sores on face and neck.

*Treatment:* Take one drop of the "Con. Comp. Stillingia t. 1st." three times a day. Apply the mild zinc ointment to the sores. Take a sponge-bath every other day. Keep bowels regular by injections. Give the child no more tea, coffee, pastry, or other indigestible food, but allow him a plain, wholesome diet, with plenty of fresh air and outdoor exercise. See that his sleeping apartment is well ventilated.

*May 13th.* Child is much better, appetite good, bowels regular, sores healed,—continue the treatment. Need not return.

CASE 4.—*May 3d.* William Smith. Acute bronchitis. The patient states that two days ago he was attacked with slight chills, which were soon followed by fever, attended with dry cough and dyspnoea. There is now a slight expectoration of a whitish color. The tongue is coated, appetite poor, bowels constipated. There is a sibilant ronchus with resonance on percussion. Patient complains of a severe constriction of the chest, and soreness along the course of the bronchia. The fever is of a remittent character, being worse towards afternoon and evening.

*Treatment:* Syr. Ipecac. Syr. Scilla aa.  $\frac{3}{4}$  ss. Tinct. Lobelia 3 ij. Mix. Take a teaspoonful every three hours. Also take 12 grains Cerasein during the forenoon at intervals of three hours. Sponge the surface of the body twice a day with tepid water.

*May 6th.* Cough and expectoration have ceased. No fever, appetite good. Discharged cured.

CASE 5.—*April 22d.* Mrs. Ann C., æt. 45. Rheumatism. Has been affected two months. Has been treated at a neighboring dispensary, with but little benefit. Has taken a great deal of mercury. Complains of pain in left scapula, shoulder, arm, and side. Appetite is good, bowels regular. Pains are worse toward evening, particularly in damp weather. Joints are not swollen, nor painful on pressure.

*Treatment:* Concentrated Tinct. Macrotys Racemosa,  $\frac{3}{4}$  j. Take five drops, three times a day. Take an alkaline sponge-bath three times a week. A current of electricity from a series of 12 Grove's Battery, to be passed through the arm, from the neck to the hand, every day.

*May 6th.*—Has continued to improve since last report. Now reports herself cured. Discharged. (*To be continued.*)



## PERISCOPE.

*Treatment of Necrosis.*

“A novelty in the treatment of necrosis has been introduced by Sir Wm. Fergusson. The usual practice, course, is doing nothing but watch the case until the dead bone is separated from the living, and then to cut down and extract it. But this, as every practical surgeon knows, is often a very tedious and difficult proceeding, chiefly on account of the large mass of new bone with which the sequestrum becomes overlaid and almost completely encased. The new plan is, as soon as ever there are indications of necrosis, to make an incision over the place down to the bone, dividing the periosteum. This incision prevents the external formation of new bone where the periosteum has been divided, so that when the sequestrum is ready for removal, this may be accomplished without difficulty, a passage in the new bone being left free for it. By this means the operation for removing the dead bone becomes much more certain and much less serious.”—(*London Correspondent of Richmond Med. Journ.*)

*Healthy Temperature of the Body, and the Effect of Drugs upon it.*

Dr. J. S. Warter gives (*Med. Times and Gazette*) the results of some experiments made upon himself to determine the healthy temperature of the body and its normal fluctuations; and also the action of dilute hydrocyanic acid, tincture of belladonna, camphor, ether and ammonia, brandy and port-wine, on animal heat. The results of his investigations, which can be received only as *probable* truths, being deduced from experiments on a single individual, show “that the normal daily variation in temperature is usually less than two degrees, and that the pulse seems to be more variable than it in proportion, and does not rise or fall necessarily with it.

“That in health there is a gradual elevation in temperature from the time of rising till about 11 or 12 o’clock in the morning, and that the temperature then seems to have a tendency to fall more or less continuously, though each successive meal, after a certain period, seems to raise it again for a given time.

“That violent exercise is a powerful agent in raising for a time the heat of the body, and that hot tea seems to have a decided influence in raising temperature.



“That vascular sedatives reduce the frequency of the pulse long before they influence the temperature, but that it is probable that after a time the temperature also is slightly depressed.

“That alcohol, at any rate, does not cause a depression of temperature, but tends rather to elevate it slightly, and that camphor has probably a decided influence in keeping up the temperature of the body.”

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## EDITORIAL.

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### Allopathic Presumption Rebuked.

THE late effort of the Allopaths of Ohio to foist themselves upon the community as the only legally authorized practitioners in the art of healing, has received a severe and merited defeat. Although the scheme was very well devised, those who planned it had reckoned without their host, in the execution of it. It seemed as though they supposed that on medical matters, their associates in the Legislature must know but little, and would follow their bidding. The result may lead to the conviction that the people do some thinking on medical as well as other matters. It may seem too bad that they should be watched so closely, and their nice little plans defeated, but for the good of the people they need to be watched. Strange it is too, that every one would not believe that they meant no harm in simply proposing that a board of Allopathic examiners be appointed, by whom all who proposed to practice medicine should be examined, and by whom it should be decided whether they should be allowed to practice or not. Their “grand object was to elevate the profession.” Oh yes! But we think the Allopathic profession need themselves to be elevated; for the reformers, those whom the others denounce as quacks, and whom they are using their best efforts to legislate out of existence, are already elevated to a much higher stand-point than their unkindly disposed brothers, and are hoping that at some future day *they* will try and advance to it.

The evidence of their depreciated condition is too startling to be overlooked. During the war the Board of Examiners for the State of Ohio decided not to *admit*, for examination, any but graduates of regular (allopathic) medical colleges. The rule was rigidly adhered to. Yet the Surgeon-General in his report for 1866 says that “over

eighty per cent. were rejected for incompetency," and that on a not very rigid examination of only a few hours. While many of those who passed were mere fledglings in medicine, and notoriously incompetent, how small must have been the minimum of medical knowledge of those rejected? Yet those men are practising medicine somewhere in Ohio, and the Allopathic profession alone are responsible for it, for they are some of those "ground out" of their colleges. No wonder that when a bill was offered to the Legislature, delegating to them the supreme power of controlling the practice of medicine in the State, and refusing to any others a participation in it, it was rejected by such a decided vote as 58 to 17, all of the 17 being allopathic doctors. A pretty rebuke to such affected assumption of superiority!

Notwithstanding the rigid rule of the Medical Board of Ohio, there were many of the most successful physicians and surgeons of the Eclectic School of Medicine in Ohio appointed in the army by the National Board of Examiners, and by special appointment, all of whom were well received by the army and sustained their reputation throughout the war.

We clip the following from the Cincinnati Daily Commercial:

#### STATE BOARD OF ALLOPATHIC PHYSICIANS.

Mr. Estell's bill to create a State Board of Allopathic physicians to examine all persons desiring to enter upon the practice of medicine in the State, and prohibiting any such from practising unless authorized by such Board, was read the third time.

Mr. J. W. Fitzgerald sent a remonstrance of the officers and faculty of the Cincinnati Eclectic Medical College against the passage of the bill to the Clerk's desk and had it read, and spoke against the bill. He moved to so amend it as to make the Board consist of three each of allopathic, homœopathic, and eclectic college graduates.

After further discussion, during which the proscriptive course of allopathic physicians during the recent war was pretty fully ventilated, the bill was put on its passage and lost—yeas 17, nays 58.

J. W. Fitzgerald, Esq., the Ohio Senator, has placed all the friends of equal rights, reform, and progress, under lasting obligation.

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#### The National Eclectic Pharmacopœia.

WE are highly gratified that definite arrangements are now being made to have this important and almost indispensable work prepared. The urgent necessity for the compilation of a national

Pharmacopœia, in order that all our preparations should be uniform in strength and medicinal qualities, has long been felt, and we feel assured that the measures now suggested and being carried into effect will result in its completion. It is hoped that the entire Eclectic Medical Profession will recognize the paramount importance of this work, and take an active part in aiding it by every means in their power.

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#### National Eclectic Medical Association.

IT will be seen from the proceedings of several of the State Eclectic Medical Societies, published in this number of the Review, that it has been definitely determined that a National Association is to be held, as soon as the time, place, and general arrangements can be made by the special committees appointed for that purpose. Delegates have also been appointed from several of the State Societies, to co-operate with the special committees. As some of the State Societies did not appoint delegates at their recent annual meetings, they will probably have to be appointed by the executive committees—provided it be determined by the several committees of arrangements to convene the Association before the next annual meeting of the State Societies.

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#### Annual Meetings of State Eclectic Medical Societies.

WE have enjoyed the pleasure of attending the annual meeting of the State Eclectic Medical Society of Connecticut, held at Hartford; that of Vermont, held at Montpelier; that of Massachusetts, held at Boston; and that of New York, held at Saratoga Springs,—all of which were largely attended by active and energetic men. A vast amount of interesting business was transacted, and the deliberations were of the most harmonious character. The abstract of the proceedings of the Eclectic Medical Society of Indiana, which indicates a large and enthusiastic meeting, lasting two days, came to hand too late for this number of the Review, but will appear in the next number. The secretaries of Vermont and Ohio have not as yet forwarded us any report. We learn that the Ohio meeting, held at Lebanon, was one of the most interesting and numerous attended of any ever held in that State. Who can say that the cause of medical progress is not in a healthy condition?

The attention of our medical brethren is called to the importance of the widest circulation being given to the proceedings of their State conventions and other re-unions. No time should be lost in placing them before the people at the earliest moment possible. Their publication will always be pleasing and instructive, not only to the gentlemen participating, but to the profession everywhere and to all students of medicine. Moreover, the utility derived from their perusal will amply compensate for the time and expense incurred. It is in this way Eclectics can be encouraged, when reading accounts of the progress made throughout the land in the true paths of pathology; while practitioners especially will have their ambition aroused, and their energies strengthened, as they learn that the good cause has so many able advocates and assistants zealously at work in the same noble mission of humanity.

No one will dispute that the statements of interesting and intricate cases, with the modes of successful treatment adopted, must be profitable to doctors. It not only encourages the faith within them, but it enlarges knowledge, dispels doubts, and infuses confidence in both the attending physicians and their patients. When a new disease, accompanied with varied symptoms, has made its appearance in various localities, the different remedies used to counteract and to destroy its deleterious effects can thus be collected, collated, and compared. The nature of the malady can be seen and thoroughly understood, and the proper theory for its general treatment established. Questions also will constantly arise in the minds of the best informed and of the greatest experience; questions which can be only solved by discussion and an interchange of opinions with others. Nor can this interchanging be effected by conference between medical men residing far remote from each other. Those who will reflect, can amplify the number of instances indefinitely, wherein publications can greatly serve in promoting the science to which they are devoted, and in mitigating the scourges with which the human body may be afflicted.

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#### Change of Issue.

THIS number is dated July, instead of June, and commences the *third* volume of the Review. We make this alteration in order to have the beginning and close of the volume correspond with the usual months for such publications. We feel that the just claims of



the Review to patronage and support will justify us in calling upon all friends of the cause to exert themselves in extending its circulation.

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### Palatable Medicines.

THE decided favor with which palatable medicines have been received, both by patients and practitioners, has stimulated our pharmacutists and manufacturing chemists to renewed exertions in this comparatively uncultivated field of their art. Physicians have begun to recognize the fact that much of their popularity and patronage depend upon the pleasant and agreeable form in which their medicines are put up, and surely every one must admit that the substitution of a nauseous and unpleasant medicine by one that is palatable and agreeable, and at the same time equally efficacious, is a desirable improvement. Formerly many agents of unquestionable therapeutical value were either entirely rejected, or their general application much restricted, solely because of their disagreeable nature.

The preparation of sugar-coated remedies was first introduced 9 years since; and among those who have cultivated this branch of the pharmaceutical art as a distinct specialty, and have attained a high and deserving reputation for the superior quality and strict reliability of their preparations, is the long-established and widely-known house of Bullock & Crenshaw, Pa. This firm started in business in 1849, succeeding the well-known firm of Smith & Hodgson, who had carried on the drug business in the same place for about forty years. In 1858 they commenced the manufacture of "sugar-coated" pills. We have been in the habit of using their preparations for a number of years, and have always found them strictly reliable and thoroughly efficient. Their pills are not open to the objection to which too many of the sugar-coated preparations are liable, viz: that they become insoluble after being made for a length of time. By the vehicle used in compounding them, and by a process of manufacture peculiar to themselves, this objection is entirely obviated, and the complete solubility of their pills is insured for any length of time. We have every reason to believe that they take special care in the selection of pure and reliable materials, that their preparations are compounded with the greatest accuracy, that the process of manufacture is conducted in the most scientific manner, aided by the most perfect apparatus and appliances known, and that they can confidently claim for them a favorable comparison with any sugar-coated preparations in the market.



## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

LEAVES FROM A PHYSICIAN'S JOURNAL.—By D. E. Smith, M. D., Brooklyn, N. Y.

THIS is the title of a neat, well written, though unpretending little work, of 336 pages, which is made up of incidents in real life, recorded with many others, during a long and arduous practice in the medical profession. We record some of them:—"The Beautiful Consumptive;" "Little Jenny, the Beggar Girl;" "Beauty, Intelligence and Refinement, a Sacrifice to Wine;" "Death at the Bridal Altar;" "The Bride of a Fortnight and of a Year;" "A case of Death by False Teeth;" and many others of like interest. The author did not intend it for a medical work, but more especially for the social circle, as means of reading useful lessons to the young, attracting them by the beauties of virtue, and warning them by the repulsiveness of vice. We think that he has succeeded admirably, both in the selections of material and in the graphic manner of presenting them. There is a beauty of description and a pathos in some parts of it, that are decidedly attractive, and which indicate in the author a literary capacity which, if it had more scope or was more often tried, would place him well up among those whom the world delight to call great. We commend it to all to read for its intrinsic beauty and merit; it will well repay perusal. Price \$1.50.

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NEWS AND MISCELLANY.

ABSTRACT OF PROCEEDINGS OF THE ECLECTIC MEDICAL SOCIETY OF THE  
STATE OF NEW YORK.

THE fifth annual meeting of this Society was held at Saratoga Springs on Wednesday, the 12th of June, 1867, President Robert S. Newton, M. D., in the chair. The meeting was opened by prayer by the Rev. Dr. Shanks. Minutes of the last meeting were read and approved. The annual report of the Treasurer was received and placed on file. It showed a balance in the Treasury of \$61.14. The Secretary made his annual report, which was accepted. The Board of Directors reported through its Secretary, Dr. William W. Hadley, that this Association had, in accordance with the requirements of the charter, reported annually their proceedings to the Legislature of this State, and at the same time praying that body to print its proceedings as it had those of other medical societies in the State. This petition had not been granted until the last meeting of the General Assembly, at which time the report was ordered to be published, and a thousand additional copies for the benefit of the Society. This work is now rapidly passing through the press, and will be ready for distribution in a few weeks, which will be attended to by the Board of Directors.

Drs. Wm. Jones, L. Stanton, and A. W. Russell, were appointed a Committee on Credentials, and instructed to make a report to the Board of Censors. The following candidates were reported by the Board of Censors for permanent membership, who on ballot were unanimously elected: George L. Whitford, M. D., Fredonia; J. A. Rega, M. D., W. R.

Hayden, M. D., Paul W. Allen, M. D., Charles T. Hart, M. D., Prince A. Morrow, M. D., and J. Milton Sanders, M. D., New York City.

The rule regulating the admission of members was by a unanimous vote suspended, and a special report of the Board of Censors recommending for membership James N. Betts, M. D., G. W. King, M. D., James T. Tuthill, M. D., and O. Ford, M. D., was adopted, and the candidates were on ballot unanimously elected.

The Society then resolved itself into a Committee of the Whole, upon the condition of Eclecticism at large. Prof. J. M. Scudder, of Cincinnati, and Dr. J. M. Comings, of Massachusetts, were then introduced to the meeting as delegates from their State Societies. Prof. Scudder gave a brief statement of the condition of the cause in the West, and presented the following papers as the sentiment of the State Medical Society of Ohio concurring with the action taken by the Eclectic Medical Society of the State of New York at its last two annual meetings in regard to the formation of a National Eclectic Medical Association and a National Eclectic Pharmacopœia.

*Resolved*, That it is the opinion of this Association that the time has now come for the organization of a National Eclectic Medical Society, and to this end they would coöperate with all State, District, and County Eclectic Medical Societies.

*Resolved*, That we now proceed to elect two delegates to the National Society.

*Whereas*, The pharmaceutical preparations of our school, as made by various manufacturers, are frequently very different in character and medicinal properties, while bearing the same names, consequent upon the use by pharmacentists of private formularies, in preference to those set forth in King's American Dispensatory, and

*Whereas*, Such uncertainty is detrimental to the reputation and success of our physicians, therefore

*Resolved*, That this Association, recognizing the necessity of a revision of our Pharmacopœia, do appoint a committee of three, to act with like committees from State societies and Medical colleges throughout the United States, in making such revision.

This Association would also suggest that the literary part of the work be intrusted to Prof. John King, as the author of our Dispensatory, and compiler of our present Pharmacopœia.

He also presented the following memorial :

*Resolved*, That in this country all legally educated physicians should of right be equal before the law, and we claim for all lawful graduates equal rights in the service of the Government.

*Resolved*, That, to obtain these rights, we petition the Congress of the United States, and that we solicit the coöperation of all legally educated physicians.

To the Senate and House of Representatives of the United States in Congress assembled :

Your petitioners, representing a large body of physicians in the United States, would set forth, that heretofore the examinations by the army and navy medical boards have been strictly confined to one class of medical men, and have been persistently refused to all others.

It has been ascertained that about fifteen thousand legally educated physicians are excluded by this unjust rule. In education and intelligence they are fully the equals of their competitors. We cannot but regard the exclusion of so large a number of citizens from the public service as contrary to the spirit of our institutions, unjust to this large body of physicians, and a detriment to the public service.

We therefore pray for the passage of an act placing the graduates of all chartered medical colleges in the United States on the same basis, and admitting all to competitive examination before the army and navy examining boards.

These resolutions were discussed at some length by Professors Scudder, Allen, Hadley, Newton, Dr. Fenner, and others; whereupon the committee arose and reported progress.

REPORT OF COMMITTEES: The Committee on Theory and Practice, Drs. D. E. Smith and L. Stanton, made an able report, which was referred to the Committee on Publication. The Report on Chemistry, Pharmacy, New Preparations, by Drs. J. Milton Sanders and Edwin Freeman, was received and ordered to be printed. The Report on Materia Medica, by Drs. W. W. Hadley, A. W. Russell, and E. Freeman, was also referred to the Committee on Publication. The Report of the Committee on Surgery, Drs. R. S. Newton and E. Freeman, was read and referred to the Committee on Publication. Drs. H. E. Firth, E. Freeman, and H. Pease were appointed a committee to nominate officers for the ensuing year. The meeting then adjourned to meet at 2 1-2 P. M.

#### AFTERNOON SESSION.

The Committee on Nominations reported the names of the following gentlemen as officers for the ensuing year:

President, Wm. W. Hadley, M. D., New York; Vice-President, L. Stanton, M. D., Copenhagen; Recording Secretary, Paul W. Allen, M. D., New York; Corresponding Secretary, M. M. Fenner, M. D., Jamestown; Treasurer, D. E. Smith, M. D., Brooklyn. Board of Censors: Drs. D. E. Smith, A. W. Russell, E. Freeman, W. Jones, R. S. Newton, and C. S. Totman.

Prof. Hadley was then conducted to the chair. The retiring President, Robert S. Newton, delivered his valedictory address, which will be published in full in the next number of the Review.

READING OF ESSAYS.—Essays were read by Dr. H. E. Firth on Contributions of Eclectic Physicians and Chemists to Science, and Dr. H. C. Gazlay, on the History of Medicine, Ancient and Modern. A paper was also read from Dr. O. E. Newton, M. D., of Cincinnati, an honorary member of this Society, on Asiatic Cholera, as witnessed in Cincinnati in 1849-50 and '56, with a full and detailed plan of treatment, and with the tabulated results of over 200 cases, treated in the epidemic of 1866. This was one of the most valuable papers presented. They were referred to the Committee on Publication.

The annual oration was delivered by Prof. Edwin Freeman, M. D.

A vote of thanks was tendered to Prof. Freeman, for his able and elaborate address, which was referred to the Committee on Publication.

Dr. Freeman announced the death of one of the members, Dr. H. M. Sweet, and Drs. Tuttle, Stanton, and Totman were appointed a committee to draft resolutions expressive of the feelings of the Society in regard to his death.

By resolution, an appropriation of \$100 was made to the Secretary to defray the expenses of preparing the next annual report for publication by the Legislature.

Dr. Hamilton offered the following resolution, which was discussed at some length by Drs. Hamilton, Stanton, Russell, Newton, Smith, and others, after which it was unanimously adopted by the Association:

*Resolved*, That we are as much as ever convinced of the great and demoralizing evil of intemperance, and that we will use all laudable means to

discourage the use of all alcoholic liquors as a beverage, and that we will not use it in our prescriptions unless imperatively demanded.

Dr. A. W. Russell offered the following :

*Resolved*, That physicians of this Society be requested to furnish statistics of the results of the Eclectic treatment in all epidemic forms of disease, at the annual meeting of the Society, to be printed with the minutes of the Society.

Dr. R. S. Newton offered the following :

*Resolved*, That a special committee of three be appointed to correspond with the committees appointed by other State Eclectic Medical Societies, in reference to the organization of a National Eclectic Medical Association, to be held as soon as the various committees can agree upon the time and place for holding the same.

Drs. R. S. Newton, W. W. Hadley, and Paul W. Allen were appointed such committee.

Dr. R. S. Newton offered the following :

*Resolved*, That a committee of three be appointed by this Society, and one from each auxiliary District Society, and three from the Eclectic Medical College, of New York city, for the purpose of coöperating with similar committees appointed by other State Eclectic Medical Societies and Colleges, in preparing a National Eclectic Pharmacopœia, and that this committee correspond with Prof. John King, of Cincinnati, Ohio, in regard to a systematic organization of the committee, and to confer and carry out the work by correspondence, and report at the next annual meeting.

Drs. P. W. Allen, C. Totman, and M. M. Fenner, were appointed a committee by the Society.

Prof. R. S. Newton, J. M. Sanders, and W. W. Hadley were appointed a committee by the Faculty of the Eclectic Medical College of the City of New York.

The auxiliary Societies have not yet made their appointments.

Dr. R. S. Newton offered the following :

*Resolved*, That this Society appoint six delegates, with alternates, and that each auxiliary District Society appoint one, and the Eclectic Medical College of New York two delegates to attend a National Eclectic Medical Association to be held at ——— 186—, and that these delegates correspond with the special committee appointed by this Society in regard to the adoption of measures to be carried out by the delegates for the organization of a National Eclectic Medical Association.

Drs. William W. Hadley, L. Stanton, William Jones, Samuel Tuthill, D. E. Smith, and James N. Betts were appointed delegates by the Society. Profs. R. S. Newton and E. Freeman were appointed delegates from the Eclectic Medical College of New York.

Delegates have not yet been appointed by the auxiliary District Societies.

On motion it was unanimously resolved that this Society return their sincere thanks to Dr. R. L. Hamilton, for the generous entertainment tendered to the Convention.

Prof. L. E. Jones, M. D., and John King, M. D., of Cincinnati, Ohio, J. M. Comius, M. D., and John Stow, M. D., of Massachusetts, Horatio G. Newton, M. D., of Maine, and J. W. Johnson, M. D., of Connecticut, were elected honorary members.

Appointments for next annual meeting: *Annual Address*—Paul W. Allen, M. D. *Essayists*—D. E. Smith, H. Pease. *Surgery*—R. S. Newton, James N. Betts. *Obstetrics*—A. W. Russell, H. E. Firth. *Materia Medica*—H. C. Gazlay, A. P. Parsons. *Theory and Practice*—A. B.



Wescott, C. S. Totman. *Chemistry and Pharmacy*—Prof. J. Milton Sanders, A. B. Whitney. *Eclectic Medical Literature*—Prof. C. T. Hart, M. M. Fenner.

By unanimous consent of the Society the by-law regulating the time and place of the annual meeting of the Society was suspended, so as to admit of a change of time for holding the annual meeting.

On motion the Society adjourned to meet in the city of Albany, the third Wednesday and Thursday of January, 1868.

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#### MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.

THE Massachusetts Eclectic Medical Society held its seventh annual meeting at the Revere House, June 6th, 1867, commencing its session at 10 o'clock. The President, Dr. William Bass, of Lowell, occupied the chair. The records of previous meeting were read and approved.

The Treasurer, Dr. W. E. Wright, of Cambridge, presented his annual report. The receipts for the year have been \$252 50, including a balance of \$19 30 on hand; expenditures, \$152 06. An unexpended balance of \$119 74, of which \$110 have been deposited in a Cambridge bank, remains on hand. There is a balance of \$172 50 due to the Society from members.

The committee on that subject report that three hundred copies of the annual publication of the Society have been distributed, at an expense of \$59 50.

Dr. Geddes, of Winchendon, addressed the meeting on the subject of the use of alcohol in preparing their remedies, and advised experiments for the purpose of discovering some other solvent less expensive to the patient.

Prof. P. W. Allen, of New York, thought that the substitution of some other solvent than alcohol would be desirable. He thought that saturates manufactured by pressure without heat were very convenient and would answer admirably.

Dr. S. P. Hubbard followed, describing the method which he adopted in preparing saturates.

Prof. J. M. Scudder, of the Cincinnati College, was introduced to the Society, and was cordially welcomed.

Dr. Higgins, of Palmer, was unanimously expelled from the Society for an infraction of the by-laws in vending patent medicines.

Prof. Scudder, of Cincinnati, then addressed the meeting on the object of his visit to the East at this time—to agitate the matter of the formation of a National Eclectic Society—and the expediency of petitioning Congress to place the Eclectic practitioners on an equality before the law. A revision of the Dispensatory was also an important matter which had engaged his attention, and was also contemplated by the Ohio Society.

The election of officers being the next business in order, the following gentlemen were chosen: President—J. M. Aldrich, M. D., Fall River; Vice-President—John Stowe, M. D., Lawrence; Recording Secretary—C. Edwin Miles, M. D., Roxbury; Corresponding Secretary—S. P. Hubbard, M. D., Taunton; Treasurer—William E. Wright, M. D., Cambridge; Librarian—Joseph Jackson, M. D., Boston; Councilors—Drs. William E. Underwood, S. C. Ames, J. S. Dickens, C. A. Wheeler, and J. M. Comins.



On the recommendation of the Executive Committee, several gentlemen were admitted to membership in the Society.

The Society then listened to an essay read by Dr. C. A. Wheeler, of Leominster, on "The Boundaries of Eclecticism."

The annual address was then delivered by Dr. C. E. Miles, of Roxbury, his subject being "Glimpses at the Medical Art and Profession at the Present Day." He said that although the science of medicine has made rapid progress and attained a noble position among the sciences, as yet there is no fundamental maxim conceded on which the profession unite to base their pathology or practice. In Europe, the leading systems are the Allopathic and the Homœopathic. In this country, there are three systems, including the above-named and the Eclectic, or the old and the new school. The Allopathic and the Eclectic hold many opinions in common at the present time. The theories on which this system is founded may be stated briefly in the following propositions:--In the human organism there are two great forces, the vital and the chemical, antagonistic to each other; the vital force building up, and the chemical force the source of disintegration, waste, and decay; health is a perfect equilibrium of the vital and chemical forces; disease exists when there is any departure from this normal or physiological condition, and is a manifestation of improved vitality. In the treatment of disease, it is our endeavor to assist nature in arresting the impairment of vitality, and to give her support while struggling under its influence, and finally to aid her in restoring a normal condition of the functions and parts of the system. And the agents selected to accomplish these results should be as far as possible such as are capable of being digested, absorbed, and appropriated to certain tissues of the system, and finally eliminated from it as are the various articles of diet. He then briefly reviewed the methods pursued by the other branches of medical science, and by comparison showed the advantages of the eclectic system in pursuing a course of practice, selecting from either of the others such portions of their practice as commends itself to their judgment. A general review was then gone into, showing the great increase both among its professors and its advocates.

At the conclusion of the reading of the address, a short intermission was had.

#### THE DINNER.

At 2 o'clock the Society re-assembled, and proceeded to an adjoining parlor, where the anniversary dinner was spread. Dr. S. C. Ames, of Boston, officiating as anniversary chairman, invited Rev. Dr. Miner, of the School-street church, to invoke the Divine blessing. An hour or more was spent in discussing the merits of an excellent bill of fare. Dr. Ames then, in a few remarks, called the attention of those at the table to the intellectual part of the entertainment, and gave as a sentiment, "The Chaplain of the Day."

Rev. Dr. Miner responded, remarking that he could not safely select a topic for discussion from the profession he represented, as many present might not fully understand it, and he could not select one from the medical science, as he certainly would not understand it himself. He then went on to show that there was no profession in life that was not intimately connected with every other profession; that the minister should be a student of law, and *vice versa*.

The sentiment, "The Delegates from Sister Societies," was responded to by Prof. Hadley, of Brooklyn, N. Y.

"The Orator of the Day," by Dr. C. E. Miles, of Roxbury.

"American Surgery" brought up Prof. Newton, of New York. He

said American surgery stands equal, if not superior, to that of any country in the world. It has taught the students of Europe the way to perform many of the most difficult surgical operations. He reviewed the progress made in medical literature, and remarked that the first medical magazine ever published in the world was published in America. He closed by referring to the reform which was now going on in the school of medicine.

Dr. Barrows, of Boston, responded to the sentiment, "The Poet of the Day," by reading a humorous poem full of medical anecdotes in connection with the practice of quacks and others, which was received with much applause by those present.

The last sentiment, "The Press," was responded to by Mr. C. C. Spalding.

The table was then vacated, and the Society proceeded at once to their rooms and to the dispatch of business, President Aldrich in the chair. Professor J. M. Scudder, of the Cincinnati Medical College, was unanimously elected an honorary member of the Society.

It was also voted to send two delegates to the National Eclectic Medical Convention, to be appointed by the Executive Committee.

Drs. Geddes, Underwood, and Bowman were appointed a Committee to confer with delegates from other societies with a view to revising and amending their Pharmacopœia.

After a few remarks from Dr. P. W. Allen, on the importance of securing a liberal support to their medical colleges, wherever established, the meeting dissolved.

The next annual and semi-annual meeting of the Massachusetts Eclectic Medical Society will be held in Boston. Wm. Bass, M. D., of Lowell, will be the orator, Otis M. Humphrey, M. D., of Boston, anniversary chairman. The essayists for the next semi-annual meeting are Dr. Otis M. Humphrey of Boston, Dr. Jillson of Ashburnham, and Dr. Buxton of Worcester. The following are delegates to State Societies: Maine—Drs. G. W. Fay of East Weymouth and T. H. Smith of Boston; Vermont—Drs. Geddes of Winchendon and Harmon of Lowell; Connecticut—Drs. Miles of Roxbury and Underwood of Boston; Pennsylvania—Drs. Sidney of Fitchburg and Jillson of Ashburnham; New York—Drs. J. S. Andrews of Taunton and Comins of Palmer; and to the National Convention—Drs. Miles of Roxbury and Ames of Boston.

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#### ABSTRACT OF PROCEEDINGS OF THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF CONNECTICUT.

THE annual meeting of this Society was held at Hartford, Conn., May 14th, 1867. The meeting was called to order at ten o'clock, A. M., President J. W. Johnson in the chair. On motion, the minutes of the last meeting were read and approved.

Dr. J. M. Comins, of Mass., and Dr. R. F. Owen, of New York, were introduced as delegates from their State Societies. Robert S. Newton, M. D., of New York, was also introduced as a delegate from the Eclectic Medical College of New York city; all of whom were cordially welcomed by the Society, and invited to participate in its deliberations.

Dr. Comins, by invitation, made a report on the condition of the cause of Eclecticism, and the healthy and successful workings of the Eclectic Medical Society in Massachusetts, which was highly interesting to the Society.

Dr. Owen was then called upon, and gave a full account of the progress of the cause in New York. Dr. Owen is one of the staunch and substantial friends of Eclecticism, having been for many years connected with medical reform. His remarks were well received.

Remarks were made by Drs. Wilson, Johnson, Fisk, Munn, Langdon, Newton, and others, upon the condition and workings of Eclecticism.

On motion, the Society adjourned until two o'clock P. M.

#### AFTERNOON SESSION.

The Convention met at two o'clock, according to adjournment. The following named gentlemen were then elected for the ensuing year:

President, Hiram Fisk, M. D.; Vice-President, T. F. Davis, M. D.; Corresponding Secretary, N. D. Hodgkins, M. D.; Recording Secretary, N. D. Hodgkins, M. D.; Treasurer, Daniel Kingsbury, M. D.; Board of Censors, J. W. Johnson, M. D., J. J. Sperry, M. D., Ellsworth Burr, M. D., J. V. Wilson, M. D., G. N. Langdon, M. D. J. W. Johnson, M. D., the retiring President, delivered the annual address. His subject was American Eclecticism; its History, Utility, and Destiny. This was an able and elaborate paper, and was listened to with the greatest attention.

On motion, a vote of thanks was tendered to Dr. J. W. Johnson for his very able and interesting lecture, and a copy requested for publication in the American Eclectic Medical Review.

Dr. Langdon then presented the report of the committee on State Hospitals, in conference with the Homœopathic Medical Society. It will be remembered that this Society appointed a committee to petition the legislature of Connecticut to grant equal privileges to all classes of physicians in the State Hospital. The legislature declined to grant the prayer of the petitioners, but made an appropriation of 10,000 dollars for a new Hospital, to be under the especial and exclusive control of the Eclectic and Homœopathic physicians of Connecticut, upon the condition that these schools of medicine should raise an equal amount, while the State had made large donations to the allopathic Hospitals without any such conditions. There were other contingencies and restrictions in this grant that were entirely wrong and unfair. At a previous meeting a committee had been appointed to confer with the committee appointed by the Homœopathic Society, in regard to the acceptance of this donation.

The report of the committee declining to receive the conditional appropriations, was read by the chairman, Dr. Langdon, and unanimously adopted.

Dr. J. W. Johnson was appointed a special committee to so inform the legislature, then in session.

Report of the committee on finances was read and received, and the bills ordered to be paid.

The report of the Treasurer was read and accepted.

Prof. Robert S. Newton, M. D., R. H. Owens, M. D., of New York, and J. M. Comins, M. D., of Massachusetts, were elected honorary members of the Society.

A very interesting address was then delivered by Prof. Newton. He concluded by urging upon the Society the importance of each individual member endeavoring to influence young men to enter the profession. If this were done by each medical reformer in the New England States, the result would be that there would be over 500 students annually to be educated in the Eclectic schools of medicine, and these in time would be prepared to fill their respective positions in the profession. If this

measure was adopted by our physicians generally, throughout the country, it would give us two thousand students annually. He then adverted to the great interest manifested throughout the country in the complete success of Eclecticisim, which was to be seen by the concerted action taken in so many States by our physicians, to demand from the State authorities equal rights and privileges with all competing schools of medicine.

The Society then adjourned, to meet in New Haven, Ct., the second Tuesday in May, 1868.

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## OBITUARY.

### DEATH OF DR. H. M. SWEET.

At a meeting of the Eclectic Medical Society of the City of New York, held on Wednesday evening, April 17, 1867, Professor Newton announced the recent and sudden death of this extensively known physician, by apoplexy. A committee was appointed, consisting of Drs. Newton, Freeman, and Smith, to present to the Society a series of resolutions expressive of regard for the character of their late President, and of grief at his sudden decease.

At a subsequent hour of the meeting, Professor Freeman reported the following preamble and resolutions, and they were unanimously adopted, after brief and feeling remarks by Professors Newton, Freeman, and Allen, and Dr. D. E. Smith of Brooklyn.

"Whereas, our beloved President, Dr. H. M. Sweet, has been suddenly called away from our midst, to try the realities of the unknown, to tread that bourne from which no traveler ever returns; and whereas, he has for a long time been intimately associated with this Society as its President, and with the reform branch of the profession as Editor and Professor, a faithful student, and a diligent and conscientious worker for the advancement of liberal medicine:

"And whereas, by his urbanity of manner, his frankness and honorable dealing, and his uniform kindness to all and especially to his patients, as well as his skill in treating their ailments, he had endeared himself to each and all:

"Therefore, Resolved, That we tender our sincere sympathy and heartfelt regrets to his family, and mourn with them their sudden and irretrievable loss; but can comfort them with the reflection that his life has not been spent in vain, and that he has gone to his reward.

"Resolved, That these expressions of our regard for our President, and of our deep regret for his loss, be entered upon the records of our Society, and that a copy of them be transmitted to his wife and family, and that they also be published in the American Eclectic Medical Review."



AMERICAN  
ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine  
AND  
THE COLLATERAL SCIENCES.

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VOL. III.

AUGUST, 1867.

No. 14.

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ORIGINAL COMMUNICATIONS.

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Veratrum Viride. New Properties Discovered. A specific in Erysipelas and Erysipelatous Inflammation, Carbuncle and Mammary Abscess. How and when to use it. How to treat when taken in over quantity.

BY ROBERT S. NEWTON, M. D.,

Prof. of Surgery in the Eclectic Medical College of the City of New York.

DURING the last ten years the Eclectic Medical Profession have given much attention not only to introducing new remedial agents, but to carefully testing many that have already been in use, to see if they contained other principles and actions than those already known to have been possessed. No remedy has been more carefully examined than the Veratrum Viride. To the Eclectic Medical Profession belong almost the entire credit of these experiments. They did not first introduce this agent, yet they have developed its true therapeutic property and used it more extensively than all the other Schools of Practice, and what they claimed for it many years since has been fully verified by other practitioners, so much so that at this day, with those physicians who have used it in Pneumonia, Pleurisy, in local and general congestions, as well as in all conditions where there is an abnormal or too frequent action of the heart, as far as we are



informed, not one has discontinued its use, or have they in a single instance hesitated to say that it entirely contra-indicated the use of the Lancet, Tartar Emetic, Digitalis, or the whole antiphlogistic catalogue of resources. European physicians are now trying this as they did Podophyllin, Lep-tandrin, Macrotin, and many other of the Eclectic remedies, and it is really gratifying to know that this is proving as satisfactory in their hands as did the other remedies named. We hope, too, that they will report fully upon this as they did upon the others, which was done through the London Lancet and Braithwaite's Retrospect. At this time several of the German Medical Journals are filled with the testings of the Veratrum Viride and the Gelseminum, being called "American Eclectic Remedies." They quote our authors freely, and are disposed to give our School of Practice full credit for the introduction of so many valuable articles of the Materia Medica.

With these general remarks, I now propose to give the profession the results of my own observations upon this agent as regards new properties, and its use for conditions never before made known, so far as I am informed.

I do not propose to examine the principle upon which this agent acts, further than to say that it so influences the nervous tissue of the heart as to reduce its normal as well as abnormal action by a kind of paralyzing influence, whether it is Antispasmodic, Narcotic, or neither, having nothing to do with the specific actions which I know it possesses. The disease in which it has been extensively used by me and to which I refer above is Erysipelas, local or general, acute or chronic, and it is just as complete a specific in this disease as it is in Pneumonia, Pleurisy, and other diseases for which it is now so successfully used by our School.

Any form of local Erysipelas, if pencilled over freely with the Concentrated Tincture or the Fluid extract of the Veratrum Viride every three or four hours, will lose all its peculiar redness and burning in from ten to twenty hours, and in many cases relief will be found in a few minutes. This application should be continued until the object is accomplished, which, in cases where the system has become fully

diseased, may require a longer period to accomplish entirely. By allowing the medicine to extend beyond the diseased part, it will prevent its extension as a general thing. When the face and head are the seat of the disease, and much swollen, the Tincture may, in addition to the application with the pencil, be added to cold water, one drachm to ten ounces, in which cloths should be wet and placed over the swollen parts. This should be done after the regular pencilling. This keeps the parts moist and allows the medicine to act by being absorbed; in this way the capillary vessels are contracted in size, and by the action on the whole external system the blood is equalized, the quick hard pulse which always attends this disease in its active form is overcome, and the pain of the head as well as all the other violent and dangerous symptoms in even this short time subside. The congestion of the brain being removed, the coma or delirium subsides, and the patient soon resumes his reason and accustomed habits. I have in many cases relieved the most malignant form of this disease in a few hours, when there was no lesion of structure of the brain. If suppuration should have taken place, as it does in many cases, I use the Pulvs. Elem Bark mixed in cold water and the Tincture of the Veratrum Viride, one drachm to four ounces of water, this to be renewed four or five times in the twenty-four hours.

The internal use of this agent in small doses should be continued throughout the treatment. The quantity to be given must depend on the circumstances of the case; but my rule, generally, is to give as much as the patient can take without producing nausea. The wonderful success which I have had with this medicine in the treatment of this disease warrants me in saying that the *Materia Medica* does not contain any one or more agents to be compared with this, and, too, that it is as certain in its action in ordinary erysipelatous inflammation, as is the sulphate of zinc in curing gangrene, which was discovered and published by me in 1846. It will always, if applied in the early stage, arrest the further development of carbuncle or mammary abscess, and in inflammatory rheumatism, internally or externally, it acts with equal success.

I hope the profession will give the subject a careful consideration and trial, and report their results to the "Review." Many of our most valuable and common agents, no doubt, possess medicinal properties not yet developed, even more valuable than those already discovered, and by testing them in this way we learn their varied and useful effects. One of the peculiar properties of this medicine, one that should not be lost sight of, is, that under no circumstance or condition for which it is used in medicinal quantities will it permanently impair the strength of the system. If given in an overdose, it will at once produce nausea or vomiting, or both, depending on the quantity given. In this way the system always manifests by its own action the quantity necessary to produce its *specific action*. Extreme nausea or vomiting with the medicine is never necessary to obtain its full therapeutic effect. The stomach itself, unless given by mistake and in poisonous doses, will in all cases relieve itself at once by ejecting it. When vomiting does take place, the ejection will in most cases resemble yellow bile, while in many instances it has the appearance of the yolk of eggs well beaten up. To aid this vomiting, warm water should be given freely until all the medicine and the contents of the stomach are thrown off. The nausea will in many cases continue for several hours: this can be arrested by giving in small quantities the tincture of gelseminum and small doses of good brandy or whiskey.

If the quantity given should reduce the pulse to fifty-five or even as low as fifty, and be attended by great difficulty of breathing, I use the brandy in large quantities, six or eight ounces, every fifteen minutes, until reaction comes on, which will be manifested by the appearance of a warm perspiration, lessening of the nausea and vomiting, ease in breathing, and the gradual return of the pulse to its normal condition. I have treated cases where it had been taken, although not prescribed by physicians, in such doses as to produce the alarming symptoms, when I have used from one pint to one quart of the very best brandy within one hour. Although it succeeded in re-establishing a healthy action of the heart, the

brandy did not produce any further visible stimulating effect. I have often done the same in the collapsed state of Asiatic cholera and fatal hæmorrhage. While these latter remarks have reference to ourselves, I will say that no judicious physician will ever prescribe this medicine in such doses as to produce a condition necessary to require this subsequent treatment.

I think a continuation in small doses, when this medicine is used, much better than very large doses in a short time.

17 East 18th street, July, 1867.

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### Consanguineous Marriages.

BY L. C. BROCKETT, M. D.

I NOTICE in the July number of your Review, that one of your correspondents, Alexander Wilder, M. D., quotes me as saying "that the hypothesis of idiocy as the hereditary product of consanguineous alliance of parents is not sustained." The statement or inference is hardly warranted by anything I have said in my published essays and reports on idiocy, or by the statistics of the Connecticut Commissioners on idiocy, compiled by the Rev. Mr. Dorchester and myself. This much, however, may be admitted, unquestionably, that consanguinity on the part of the parents is but one of several causes of idiocy, and perhaps in the actual number of cases directly induced by it less prominent than intemperance, licentiousness, (and especially a syphilitic taint), hereditary scrofula, fright, &c. But there are a few points in connection with this matter of consanguineous marriages, which I should like, with your permission, to state in an off-hand reply to Dr. Wilder's positions.

My own tables, prepared with great care, would indicate a very considerably larger proportion of cases of idiocy in the offspring of these marriages, than Dr. Patterson stated. Twenty out of 160 cases which reported the causes of the infirmity, attributed it to marriages of consanguinity, and it



should be remarked that the reports in all these cases were made jointly by physicians and clergymen, usually men of high intelligence and long residence in the vicinity of the cases reported. The proportion is in these cases  $12\frac{1}{2}$  per cent.; of these the parents of 12 were either own cousins or still nearer (in two cases uncle and niece, in one father and daughter, and in another brother and sister). It is necessary to bear in mind, that consanguineous marriages do not, in any but exceptional communities, bear so large a proportion as  $12\frac{1}{2}$  or even 8 per cent., to the whole number of marriages, and therefore the probabilities of idiotic issue from them would seem to be very much greater than from non-consanguineous marriages. They seem, according to these tables, to have been greater than any other causes except intemperance, fright, and hereditary tendencies to mental or scrofulous disease. A just comparison on this point would be made by taking one hundred children born of consanguineous parents, *i. e.* those who were cousins or nearer, and one hundred children born in wedlock of parents not of near kinship to each other.

Idiocy is not however, by any means, the only infirmity resulting from consanguineous marriages. Congenital blindness and deaf-mutism are, according to the careful tables of the American Asylum for the Deaf and Dumb, now collected for fifty years, and the Asylum for the Blind, in Philadelphia, for forty years, by far more frequent in children of consanguineous parents than in any others. I have not now at hand their latest statistics, but a few years ago the proportion of these cases was more than 25 per cent. of the entire number of congenital blind and deaf mutes. Imperfect physical, mental, and moral organizations are also very frequent results in the offspring of these intermarriages. My studies of idiocy and its cognate infirmities and disabilities, begun in 1854, and continued with more or less constancy to the present time, have led me to observe with great care and over a somewhat large extent of territory, the effects of consanguineous marriages. I am fully convinced that Dr. Powell's theory of physiological incest



is correct, and that one great reason, perhaps the principal reason, why these marriages of near kindred are so often productive of serious misfortunes to the offspring is, that the cousins or other near relations who intermarry *are of similar temperaments*, either wholly or in part. Such a result would be natural, as they inherit alike, from near ancestors, similar constitutions and predispositions.

Dr. Wilder remarks that "very little attention was paid in Bible times to the interdiction of marriage between relations." I beg leave to differ from him on this point. The indefiniteness of the terms translated "brother," "sister," "son," "daughter," "father," and "mother," is well known to every biblical scholar. In some of the genealogical records of the historical books of the Old Testament, and in most of its other narratives, they often indicate only relationship. That this was the case with Abraham, and Isaac, is evident from the recorded genealogy. In the case of Amram and Jochebed, to which he refers, the latter could not have been more than a cousin, or, if the Septuagint and Syriac versions are correct, a second cousin of her husband. The prohibitions of Leviticus xviii., of intermarriages of near relatives, were understood by the Jews to include the marriage of cousins german, and the reason of these prohibitions, like that of the use of swine's flesh, &c., was to insure to the nation the highest degree of physical vigor, and the most rapid increase of its numbers consistent with vigorous constitutions. Though prohibited, in order to restrain them from idolatry, from intermarriage with the idolatrous nations around them, all of whom except Moab, Ammon, and Edom, were of Hamitic origin, and so of a race as distinct as the Caucasian and African, we find that they constantly violated the command and that the intermarriage with foreign nations was one of their most frequent sins. There is no evidence in Jewish history previous to the destruction of Jerusalem, of frequent intermarriage of near relatives; and up to that period they were the finest nation, physically, of the Orient. Since the destruction of Jerusalem, scattered as they have been, they have intermarried more closely, and with the re-

sult of a strongly marked physical, mental, and moral degeneration. Their average stature has diminished; the features, though retaining traces, in youth, of their pristine beauty, once the world's wonder, have become so exaggerated, that "a Jewish physiognomy" is now proverbial; grossness of person, the tendency to scrofula and phthisis, and to cutaneous diseases, have developed themselves to an extraordinary degree. Among the Spanish Jews, with whom this breeding in-and-in has been more common than the others, tubercular disease is excessively prevalent, and very few of the younger generation escape it. The Rothschilds have for three or four generations married cousins, and are becoming feeble in constitution, and unable to rear children of the present generation, their constitutions being sapped by scrofula and tuberculosis. The Bourbons have often been referred to as examples of the evil result of close intermarriages, and though their blood has been occasionally invigorated by an infusion from plebeian sources (not always legitimate), it is well known that scrofula is prevalent in every branch of the family, and one of the proofs most strongly relied upon by the advocates of the identity of Eleazer Williams with Louis XVII., was the existence of scars from numerous scrofulous swellings. Insanity, imbecility, and moral depravity and degeneration are and have been exhibited to a frightful extent in the Sicilian and Spanish Bourbons, and hardly less in the legitimate Bourbons of France. The Orleans branch have measurably escaped these evils, from an infusion of fresher blood, and the breaking up of the old habit of consanguineous marriage. The house of Brandenburg has brought upon itself some of the same evils, and has developed the tendency to insanity, very strongly. Dr. Wilder's allusion to the house of Hanover (the reigning family of Great Britain), is rather unfortunate. The tendency to insanity, to scrofula, and to imbecility, has been very strongly marked, and hardly less so, that moral insanity which exhibits itself in the perverse disposition to do evil, without object or purpose. The first and second Georges were coarse, licentious, depraved men, gross in person, filthy in

habits, and scrofulous in constitution. The third George, while less perverse in his moral qualities, was insane the greater part of his life. Of his numerous sons, George IV. was an incarnation of depravity, and was eaten up with scrofula, while his later years gave evidence of imbecility and mental weakness. The other royal dukes were either mentally weak or grossly depraved, and all of them sufferers from scrofula and gout. Of the reigning queen, we need only say that a large proportion of her subjects believe her insane to-day, while the hereditary scrofula and obesity of her ancestors cling to her.

The writer has had the opportunity of observing similar results in many instances in our own community, though of course the intermarriage of near relatives for several successive generations will produce more marked results than a single infringement of the physiological law. A few cases will exhibit this more forcibly than many pages of argument.

CASE 1.—W. F., in a New England city, married his niece, J. E. They had two children, a boy and girl. The boy died at the age of 12, an idiot. The girl grew up to womanhood, but from scrofulous disease of the vocal chords was never able to speak except in a whisper, and though possessing fair average mental endowments, was deformed in body, and died at the age of 23, of tuberculous phthisis, after severe and protracted suffering. There was neither scrofula nor phthisis in the preceding generations.

CASE 2.—J. H., originally from New England, but subsequently a resident of New York, married his niece. Though of different temperaments, their child (they had but one living one) was imbecile in intellect, and of feeble and scrofulous constitution. After some years the wife died, and H. married again, this time where there was no blood relationship, and a woman of temperament strongly in contrast with his own. By this wife he had five healthy and beautiful children.

CASE 3.—G., from Vermont, married his cousin; the husband was bilious, sanguine-lymphatic, the wife bilious encephalic. They had three children, all daughters, all of

scrofulous tendency, one deaf, the others, though with fair mental endowments, yet of intensely nervous and excitable temperaments.

CASE 4.—G. W. married his cousin, both being of sanguine-lymphatic temperament. They had three children, two of them sons; the eldest was an idiot from birth; the second was of fair intellect, but scrofulous and consumptive, dying of phthisis at the age of 32. The daughter was of sound mind, but suffered from scrofulous disease of the hip-joint, which made her a cripple. No scrofula in the family before.

CASE 5.—T. P., of E. Conn., married his double cousin, H. P. They were of different temperaments. They had five children. The eldest, a son, was weak-minded—half-witted, as the phrase was among the country people. The second son was a hopeless, mischievous imbecile. The third son was not deficient in intellect, but a great sufferer from scrofulous disease of the joints. The fourth child, a daughter, was of weak intellect. The fifth, a son, died of disease of the brain (tuberculous meningitis, I believe) in his eighth year.

Dr. Wilder's, or rather Dr. Child's *dictum* that "the marriages of blood relatives have no tendency, *per se*, to produce degeneration of race," *may* be true in the abstract, though the presumption from the commonly received opinion of all ages is against it, as well as a strong array of facts; but the whole history of consanguineous marriages goes to prove that in the great majority of cases, the parties to these marriages are also physiologically akin in temperament, and that then the results are certainly disastrous. While as thoroughly opposed as Dr. Wilder is to an amalgamation of diverse races, I hold it to be an imperative duty on the part of members of the medical profession to discourage consanguineous marriages.

BROOKLYN, N. Y.



## Clinical Record of Cases treated in the Eclectic Medical Dispensary.

REPORTED BY E. H. MILLINGTON, M. D.

[Continued from page 33.]

CASE 6.--*May 9th.* David Mansfield, æt. 60. Bronchial irritation. Says he caught cold three weeks ago. Has a cough, which is worse at night and attended with slight expectoration. Complains of pain and soreness along the median line of the chest, extending from the top of the sternum to an inch below the ensiform cartilage. There is considerable tenderness, on pressure, over the region of the stomach. Appetite is very poor, tongue slightly coated, bowels constipated.

*Treatment:* R. Con. Tinct. Baros. Cren. 3j. Con. Tinct. Euon. Am. 3j. Syr. Ipecac. 3 iv. Syr. Senegæ, 3 vi. Mix. Take a teaspoonful three times a day. Also Comp. Cathartic Pills (Ec. Disp.), one every night.

*May 11th.* Improving; cough easier, expectoration free. The first cathartic pill he took acted so powerfully that he has not taken any since.

*May 15th.* Patient returned to-day to report himself cured. Cough and expectoration have ceased, bowels are regular, appetite is gradually improving. Discharged.

CASE 7.--*May 8th.* Mrs. Riley, æt. 45. Chronic Laryngitis. Has had a cough for three months. Expectoration is muco-puriform and rather scanty. There is slight inflammation of the pharynx. Refers most of the unpleasant sensations to the larynx, and there are no evidences of the lungs being affected. Appetite poor, tongue slightly coated, bowels regular.

*Treatment:* Syr. Ipecac, Syr. Senegæ, aa. 3 ss.; Tinct. Lobeliæ, 3 ij. Mix. Take a teaspoonful four times a day. Also R. Con. Tinct. Cornus Flor. 3 ss.; Con. Tinct. Hydrastis Can. 3 iij. Con. Tinct. Baros. Cren. 3 ij. Mix. Take 20 drops three times a day. Apply the irritating plaster over the larynx. Take a sponge bath three times a week.

*May 14th.* Appetite improving; throat feels easier. Continue treatment.



*May 20th.* No further report, patient having left the city.

CASE 8.—*May 20th.* John Eger, æt. 8. Impetigo. A week ago an eruption broke out on the forehead, neck, and hands of this patient, which was attended with considerable heat and itching. Many of the pustules have ruptured, and formed large, rough, brownish-yellow scabs. The upper part of the forehead is covered by one large incrustation, four or five inches in length by about three in breadth. There are pustules in different stages of development on the hands, wrist, and neck. There is some fever, but little loss of appetite. Bowels are rather constipated.

*Treatment:* R. Con. Tinct. Corydalis Form. Con. Tinct. Leptandra Virg. aa. 3 i. Mix. Take 6 drops three times a day. Also R. Acetate Potash 3 iv. Water 3 iii. Mix. Take one teaspoonful every three hours. As a local application use Mild Zinc Ointment.

*May 23d.* No new pustules have made their appearance since last report. A portion of the incrustations have been thrown off, and the surface, although red and tender, is rapidly assuming a healthy aspect. Continue treatment.

*May 27th.* The scabs have all been thrown off. No new pustules have appeared. Patient discharged cured.

CASE 9.—*May 15th.* Wm. B., æt. 55. Amaurosis; Deafness; Lead Paralysis, etc. The patient is a painter by trade. Ten years ago he began to suffer from pains in his limbs and back. Dr. B. called it muscular rheumatism, and ordered a glass of brandy three times a day. Two years after, the patient consulted Professor —, who told him he was suffering from the effects of lead poisoning. Mr. B. was subsequently treated at the College of Physicians and Surgeons. The treatment (iodide of potassium and iron) gave him little or no relief. During the spring of 1866 he says he had "several epileptic fits," but was cured by a physician.

The patient also states that he has been troubled with incontinence of urine for the past three years. During the day he can hold his water for several minutes, until he has an opportunity to void it, but at night he has no such control. Nine years ago he began to grow deaf, and at the

present time the power of hearing with the right ear is almost totally destroyed, while that of the left ear is much impaired. Three weeks ago, while stooping over his work, he felt some uneasiness in his right eye, and upon looking up, "saw everything double." The dimness and double vision has continued up to the present time.

*Treatment:* R. Ext. Nucis Vomicae, grs. xii; Ext. Belladonnæ, grs. viii; Alcohol, ʒ i. Mix. Take 15 drops three times a day.

*May 24th.* Yesterday an unsuccessful attempt was made to extract the lead from the system by means of a series of twelve cups Grove's battery. To-day, however, upon repeating the experiment, quite a large quantity of lead was deposited on the copper plate attached to the negative pole. The following prescription was given for the deafness. R. Glycerin, 3 iij; Tinct. Opii Camph. 3 i; Tinc. Capsicum, gtts. xx. Mix. Apply 5 drops in each ear night and morning.

*May 29th.* Since last report the patient has improved very rapidly. He has now no trouble with his urine. Can retain it all night. The pain in the back, aching of the limbs, and general feeling of weakness, have all nearly disappeared. Can walk better, and work longer without fatigue, than he could two weeks ago. His eyesight has much improved; he is troubled no more with double vision, and can now see to read very well. For the past two weeks the battery has been used every other day for the purpose of overcoming the tremulousness of the limbs and tendency to paralysis.

*June 3d.* Discontinue the nux vomica. Prescribe the following: R. Carb. Iron Pills and Guffroy's Cod-liver Dragees. Take two of each, morning and night.

*June 10th.* The Iron and Cod-liver Dragees have apparently had the effect of greatly increasing the quantity of the blood, and improving its character, as evidenced by a better color of the skin, a fuller and stronger pulse, and the gradual disappearance of many unpleasant symptoms. The patient states that his sight has been almost perfectly restored, his hearing has slightly improved, and his general health is far superior to what it was a month ago.

CASE 11.—*June 6th.* G. H. Lary. Dyspepsia. For the past eight months the patient has been troubled with various disagreeable sensations after eating, sometimes nausea, and almost always more or less pain and flatulence. The breath is foetid, tongue coated and dry, with an unpleasant taste in the mouth, more particularly in the morning; bowels somewhat irregular, but, as a general thing, inclined to be constipated; appetite variable, generally poor; has palpitation of the heart occasionally. The causes of the disease in this case appeared to be lack of exercise, improper food at irregular hours, and the excessive use of alcohol and tobacco.

*Treatment:* Gradually relinquish the use of tobacco and ardent spirits. R. Con. Tinct. Asclep. Tub., 3j.; Con. Tinct. Euon. Am. 3ss.; Con. Tinct. Baros. Cren. 3ss.; M. Take twelve drops three times a day. Take a salt bath every other day. A properly regulated diet is of the first importance. Fruits and the farinacea should constitute the great bulk of each meal—animal food being used but once a day, and then in moderate quantities. Avoid such articles as pork, veal, mackerel, salt meats, and all fat, greasy food. Subsist mainly on fruits and vegetables, together with such articles as boiled wheat, rice, sago, hominy, potatoes, and good bread. The latter should be made from unbolted wheat meal. Avoid the two extremes of eating, “too much” and “too little.” A good rule is, to place on the plate, before tasting a mouthful, all the food intended to be taken at one meal. Exercise freely in the open air, observing the following rules: 1st. It should be regular, as to time and duration; 2d. It should be as varied as possible, so as to bring into exercise all the muscles of the system; 3d. It should not be carried to the point of fatigue; 4th. It should be of an agreeable nature, for the “muscles depend almost wholly for their strength and activity on the stimulus which they receive from the mind, and if the latter be unoccupied and desponding, the former will soon become weary.”

As will be seen, our treatment in this case will be mainly hygienic, using as little medicine as possible.

*June 10th.* The patient states that the medicine “acted like

magic." He felt better immediately ; and has continued to improve rapidly, up to the present time. His appetite is much better, and many of the disagreeable sensations after eating have disappeared. He has strictly followed the advice in regard to diet, exercise, bathing, etc., and states that he feels like another person.

*June 22d.* Patient reported himself to-day, well. He stopped taking the medicine prescribed on the 10th instant, but has continued the hygienic portion of the treatment up to the present time. Discharged cured.

NEW YORK, 223 E. 26th st.

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### Hypodermic Injections.

BY M. M. FENNER, M. D.

I HAVE used the hypodermic syringe for the relief of painful affections quite extensively, and with the most gratifying results. Medicines are absorbed very quickly, when brought in contact with the cellular tissue beneath the skin, and produce a decided impression on the nervous system. All the good effects to be looked for from their use will be established in from three to twelve minutes, and the permanence of the impression may be stated at from twelve hours to two days. Very often, the permanence of a single injection is sufficient for the entire relief of the disease.

Much care is necessary in making the injection, by those who have never used it. My experience teaches me to believe that it is more beneficial when introduced immediately over the part affected, though it would, perhaps, be difficult to explain why it should thus be more efficacious. When this cannot conveniently be done, however, I introduce it about midway between the shoulder and elbow of either arm, as desired. The skin should be pinched up between the thumb and index finger of the left hand, in order to divert the patient's attention, so as to blunt the pain of the puncture ; then, holding the syringe firmly in the right hand, introduce the point *completely through* the skin, at a



point near to the thumb of the left hand ; then let go the left hand, thus permitting the tissues to relax, when the contents of the syringe may be gently discharged, and the point carefully withdrawn. As I was somewhat appalled at the pain I might inflict on my patient, by the introduction of the point of the syringe *entirely through the skin*, and otherwise annoyed in my early use of it, I have thought it worth while to be somewhat minute in giving the directions. I have as yet used it only for the relief of painful diseases ; though, possibly, its range of application may hereafter be greatly extended ; and I have as yet used but one agent, viz., sulphate of morphia. I use this in various painful affections, with the expectation of not only giving temporary relief very speedily, but of permanently curing the affection, if it be one in which the nervous system is the part principally involved. I select five out of a considerable number of cases treated.

CASE 1.—Mrs. C., æt. 50. Cancer of the womb. Have used the injection in the arm and over the sacrum. Greatly mitigates but does not wholly relieve the pain, for about thirty hours. Morphine taken by the mouth gives her but little relief. She prefers to use the injection. Used one half a grain in solution daily ; sometimes produces nausea, and even vomiting.

CASE 2.—Mr. R., æt. 25. Neuralgia in the face, following the extraction of a tooth. Very painful. Has spent several sleepless nights. Injected one fourth of a grain of morphine into arm. Relief followed immediately. He walked about after leaving the office, was sick at his stomach, and vomited several times in five hours after it was injected.

CASE 3.—Mr. F. A., æt. 40. Severe toothache. Dentist would not extract it, as it appeared perfectly sound. Had spent several sleepless nights. Injected morphine, one fourth of a grain, under mucous membrane of cheek, opposite the tooth. Relieved the pain, but produced excessive nausea and vomiting. The pain returned, after about twelve hours, which, together with the nausea, made him quite miserable, and the operation was not regarded as a success.

CASE 4.—G. S., æt. 35. Neuralgia of right eye. He



spent several sleepless nights. Had been taking large doses of morphine and iron from a physician. These, when first administered, gave some relief, but their good effect soon wore off, and they ceased to have further effect. When I first saw the patient, at noon, the eye was blood-shot, and the pain most excruciating. I immediately injected one fourth of a grain of morphine. Relief was now immediate.

CASE 5.—John B., æt. 30. Passage of renal calculus. Pain became excessive. At 11 A. M., being absent from town, an allopathic physician was sent for. He administered chloroform, in doses of gtts. vii., to be repeated, once in three hours. On arriving, at three P. M., I found the patient in extreme pain, attending gravel. I ordered chloroform in doses of gtts. xx., repeated every ten minutes, for thirty minutes. Found no relief. Injected morphine, one fourth of a grain, over course of the ureter. Within ten minutes, the patient was perfectly at ease. No pain ever returned. I afterward used warm hip-bath, to facilitate the descent of the stone.

CASE. 1.—*April* 12, 1867. Child, æt. 18 months. Hydrocele. Has been coming on during past six months. Testicle size of hen's egg. Child otherwise healthy.

*Treatment* : Introduced hypodermic syringe into the middle third of the scrotum; drew it, full of serum. I then detached the syringe from the needle, and discharged its contents; then attached it again, and so continued until the serum was entirely withdrawn, leaving the needle all the time undisturbed. Then filled the body of the syringe with R. Tr. Iodini; Aquæ, āā. 3 ss. Injected this into the scrotum, which was also withdrawn after remaining five minutes. The needle of the syringe was then removed, and Saturated Sol. Muriate of Ammonia kept applied.

*April* 26. Hydrocele perfectly well. But little swelling occurred; and no constitutional disturbance followed the operation.

Jamestown, July, 1867.

*Saracenia Purpurea.*

REMARKS BY A. B. WHITNEY, M. D., BEFORE THE ECLECTIC MEDICAL  
SOCIETY OF NEW YORK CITY.

IN the fall of 1864, the variola prevailed to some extent in this city and Brooklyn. It seemed to assume its peculiar epidemic character, and to spread despite of opposing obstacles, even in some instances attacking those who had been previously vaccinated and supposed perfectly protected against its invasion. It was very severe, and in many instances proved fatal. How to prevent this formidable disease, and banish it from the earth, let Dr. Jenner's great discovery answer. How to cure it when once developed is a very different and exceedingly important question, not so easily solved. Though we may not fully and satisfactorily answer this question, it is nevertheless our purpose to present some suggestions in reference to its treatment, and to show its curability by a very simple, safe, and reliable remedy, recently discovered and introduced to the notice of the profession.

The remedy to which we refer is Saracenin—the active principle of the indigenous plant known as Side-Saddle Flower, Fly-Trap, and Huntsman's Cup, whose botanical name is *Saracenia Purpurea*. This plant seems to possess peculiar virtue, and exercises direct control over the disease termed variola, as will appear from its employment in the two following cases.

We used the active principle Saracenin in two well-marked cases occurring in the same family. The patients were two children, aged respectively two and six years,—neither of whom had been vaccinated. The disease in these cases showed its true genuine type and malignant character, presenting a favorable opportunity for trying the therapeutic action of the remedy.

We commenced the treatment by giving one grain three times a day to the elder, and one fourth of a grain three times a day to the younger, and gradually increased the dose of each, until we gave respectively three and two grains

three times per day. On the fourth day, there was noticed considerable tenderness over the epigastrium and a rumbling sound in the bowels, such as frequently precedes severe catharsis, but no movement, or other disturbance of the stomach or bowels. At the close of the fourth day, we ordered Compound Fluid Extract of Senna, three drachms to the elder, and two to the younger, which caused very full and free evacuations. After this, both patients appeared very quiet and comfortable, but weak, and indisposed to any activity. Stimuli of brandy and water, or wine and water, were given in small repeated doses as necessary for two or three days, and the medicine in the meantime diminished to its minimum doses, which appeared abundantly sufficient to keep the system under its influence.

The pustules from the fourth day became paler, contracted, and gradually diminished in size, rapidly dried up, and soon disappeared. On the seventh and eighth days the crusts mostly fell off, leaving the surface smooth, presenting the appearance of newly made cuticle without mark or scar.

From the ninth day, the medicine was entirely discontinued, as the patients were very comfortable and convalescent. From the first the sponge-bath, of a very weak tepid solution of sal-soda, was used with decided advantage.

There was no apparent impairment of the constitution, for as the pustules disappeared, the patients speedily regained their general health and strength without any indications of the ordinary "sequelæ" which so often attend exhausting diseases. Their recovery was rapid, and the normal condition of the system was soon perfectly restored.

These results are cheerfully submitted for the consideration of the Society, with the hope that they may draw out the experience of others who have used the remedy more extensively.

Remarks were made upon the use of this agent, in the treatment of small-pox, by Drs. Newton, Freeman, Sweet, and other members of the Society. Dr. Newton reported several cases treated with the Saracine which he had pre-

pared by B. Keith & Co. He stated that he had used both the crude article and the concentrated principle, and illustrated its action in one child only one year old, which used no other medicine, and passed safely through the disease without having a single mark or pit upon it.

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## PERISCOPE.

### Resurrection Flower.

*Letter from Mr. Hoffnagle concerning his Great Mysterious Botanical Wonder.*

NEW HOPE, Bucks Co., Pa., Nov. 21, 1866.

DEAR SIR: The Anastatica Hierochantis, or Resurrection Flower, was procured by my brother, Charles Hoffnagle, who, as Consul General of the United States, spent about thirty years of his life in British India. He employed much of his time in travelling, having twice crossed the great Sahara Desert from India to Egypt; and it was during his explorations in search of ancient relics that he procured this rose from the tomb of a very important personage in Egypt. He was at the time in search of rare curiosities for which to adorn a private collection he had from time to time gathered from India, Egypt, Arabia, Nubia, and China, and forwarded to his residence, at Springdale, all of which are now in my possession.

In regard to the rose above mentioned, several trials have been made, by placing it in warm water; and its singular property, characteristic of its kind, has invariably stood the test—opening, and expanding, and changing to a brownish red after two hours immersion. It was taken from an Egyptian mummy, where it had been shut out from all life for thousands of years. Yet it continues to bloom when placed in water. In its usual dry, withered state, it resembles a bunch of twigs, about the size of a small orange; but when placed in water expands to about five inches in diameter.

Baron Humboldt, the great naturalist, possessed one.



And there is a peculiar coincidence, that the same land that witnessed the Resurrection of the Saviour, should give us the flower that seems to be immortal.

Very respectfully yours,

GEORGE W. HOFFNAGLE.

[We are permitted to publish this letter containing, as it does, a description of a wonderful and interesting fact.—*Ed. R.*]

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*Fractures of the Patella treated by a Ring.*

Dr. Gibson publishes in the September No. of the *St. Louis Medical and Surgical Journal* a new treatment for fracture of the Patella. The patient, Mr. James Ferree, aged 35 years, had been the victim of rheumatism, and having so far recovered that he could use crutches, in attempting to get into a buggy, felt a sudden shock, as if some one had hit him with a stone on the knee, and could scarcely be convinced that the fracture was caused by muscular contraction.

“The patella of the left knee was fractured transversely through its middle, the fragments separating about one inch. I did not admire any of the modes of treatment for the fracture, which I had ever seen recommended or used, and, while hesitating as to what plan I would adopt, it occurred to me that a ring would answer the purpose. I therefore took a measurement of the sound patella, and had a ring made of iron (allowing for padding), which I padded well with cotton wadding, cut in strips and wrapped around the ring, over which I applied a bandage. To each side of the ring I sewed strips of bandage. I then placed a well padded splint twenty-four inches long to the posterior aspect of the leg and thigh, which I secured by a few turns of bandage at the lower and upper ends, the bandage being loose so as not to interfere with the circulation. I next brought the two fragments of bone into apposition, and placed the ring around the patella, and tied the strips of bandage over the splint, thus securely holding the ring in its place, and

keeping the broken bone always in complete apposition, thereby giving the greatest possible chance for a bony union. At the expiration of thirty days, I removed the ring, and commenced passive motion of the limb, and to-day (June 15th) he has good use of the limb. During the time this case was under treatment, I invited Drs. E. H. Gregory, J. J. McDowell, E. A. Clark, E. S. Frazier, and other physicians, to examine the appliance, and they all expressed the opinion that it was *just the thing* for a fractured patella. The advantages of the ring in the treatment of this troublesome fracture are so apparent that it seems to me hardly necessary to point them out. The appliance did not give the patient the least pain, and there was no interruption of the circulation by the bandages. It was impossible in this case for the patella to escape from the ring, but possibly in some cases, as of women, when there is a good deal of adipose tissue, and but little prominence of the patella, it may not be so easy to apply the ring; but I am persuaded that it will give entire satisfaction in all cases. I claim by the application of the ring to have reduced one of the ugliest fractures of the human frame to one of the simplest for treatment.

"I report this case for the information of the profession, feeling confident from the perfect success of this case that the ring has never been used before, or we certainly would have been familiar with its use."

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## EDITORIAL.

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### New York as a Location for Eclectic Physicians and Surgeons.

IN an area of ten miles there is a population of one and a half millions of people; to this add two millions of visitors annually, and we get an approximation of what amount of professional labor is demanded here. Now every thing is favorable to our enterprise, and to our practice of medicine. All the public institutions are

equally accessible to all students and medical men. Schools, hospitals, infirmaries, societies, and libraries of every possible character for pleasure and utility, are to be found in this city. There are here also about thirteen hundred physicians. Of this large number, there are not five hundred who conform to the code of ethics of the old school. The "Kappa Lambda," a secret medical association, formed by old-school physicians of the city, has done much injury to the medical profession, by arrogating to itself the right, through the influence of their association, to control and manage the entire profession, and drive from the city and professional position every medical man who would not conform to the will of this small organization. The workings of this "Kappa Lambda" have driven from the profession many of its most highly and thoroughly educated men; yet to-day, with the exception of those who hold political and professional positions, there are not one hundred in the whole city that do not every day violate the "code of ethics." This is a progressive age, and the time has passed when the very "few" can control the very large body of intelligent men.

We want hundreds of our men in this city. While it may require an outlay of money and time to get a "start" in business here, there is no place in the world where a medical man can do so well, after he has become successfully established, as in New York. Here a man can enjoy all the comforts and pleasures of his social and professional relations. Here he can get a full consideration for his labor.

There is needed in this city at least fifty more dispensaries than we now have. Our men could obtain positions in them, and they would, in many instances, be a stepping-stone to a larger and more useful field of labor.

If we had a sufficient number of our practitioners to give and divide the labor, we could have the control of a city hospital with five hundred beds. We want the men, and hope the different States will soon be represented, by sending some of their best men to help establish and inaugurate a system of schools, hospitals, and dispensaries, which shall not be surpassed by any other system of practice.

A Board of Managers have quite recently displaced the Allopathic Faculty of the "Ophthalmic College and Hospital of New York City," and appointed a new Faculty entirely of the Homœopathic School of Medicine. This is a metropolitan movement, and other hospitals could be divided up so as to give the different wards alternately, for half the year, to any two or three different schools of

practice, if there were men here for the position, especially those who would be willing to give their time and labor. The probability is that in another year the medical department of one of the largest hospitals in the city will be managed by another school of practice, while the surgical department will be under the control of the present incumbents. Thus, by adopting a plan of alternating, it will give an opportunity of testing fully the merits of these different schools, in such an official manner as to forever settle this question. While this is violently opposed by the members of the "Kappa Lambda," the measure is certain to be adopted as soon as the other schools are prepared to act in concert with the proper authorities.

There is now a new field of labor open for other schools of medicine. The State Legislature no longer recognizes any superiority, or grants any special privileges, in medical matters. The three schools of medicine, Eclectic, the Homœopathic, and the Allopathic, have each chartered Medical Societies, Medical Colleges, Hospitals, and Dispensaries. The State publishes the annual reports of each of the State Medical Societies of these three schools, and this year has made moneyed donations to each. The "Kappa Lambda" has worked hard to prevent such a result, but it has failed, and in fact finds it impossible to longer deceive the people, who now claim the right to decide for themselves; and, as they are the constituency of the representatives in the general assembly who make the laws for the State, the people must be heard, and their will adopted. To the people we owe every thing, to the legislators thanks for adopting the will of their constituency, and being governed by right, reason, and common sense, in such legislation as places men on their own resources and their real merit. This is all that reformers in medicine have ever asked, and yet it has ever been opposed by old-school men in power, as well as those who could only act from the outside.

The State University of Michigan is now virtually in the hands of the Homœopathists. The Legislature has ordered an appointment of a Professor of Homœopathy in the same; and further, has cut off the annual appropriations for the University until the Board of Regents will act accordingly, and allow him to take his place in the school. To this they have objected, and it is only a question of time when all the old-school professors will be displaced and succeeded by the men of other schools of practice. Michigan to-day, as a State, is one of the most progressive in the Union; and if the question of



medical reform should at any election be made the issue, the old-school would be defeated by thousands.

We hope to see this realized speedily. All of the foregoing truths show the importance of having in the City of New York,—Brooklyn, Jersey City, and surrounding cities,—at least one thousand Eclectic physicians. May we not have many responses at once on this subject?

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### The Electrolytic Institution of New York.

THIS institution is organized for the electrolysis of mercury, lead, arsenic, antimony, and other deleterious metals from the system. The proof is beyond all controversy, that these poisonous minerals will lie secreted within the system for years, and during that time will cause a variety of symptoms more or less severe, often terminating in the death of the patient. Now that the proof is susceptible of easy demonstration, that the voltaic current, when properly applied, will speedily withdraw these metals from the system, an institution expressly for the electrical treatment of those diseases incident to the presence of poisonous minerals within the system has been established in this city at 223 E. 26th street, under the control of E. H. Millington, M. D., where the great number of patients who are constantly calling upon us, or corresponding with us, must be accommodated with treatment. Besides, the wants of the community require that an institution of the kind, under the superintendence of experienced persons, should be established in this city. This will possess its full significance when we recognize the fact, that the great majority of chronic and other similar diseases with which the people are afflicted, originate through the influence of mercury, and that this metal, with all its accompanying diseases, can be removed from the system in from one to three sittings of half an hour each.

It has been denied that mercury can be electrolysed from the system, but this denial has been made by those who are entirely ignorant of the laws pertaining to the electrolysis of metals. Were they at all cognizant of those laws, they would at once perceive, that the passage of metallic particles through living tissues is equally as felicitous as their passage through dead ones. In fact, careful experiment has proved that the living tissues possess a power of assisting the voltaic current in the expulsion of all metallic particles foreign

to the system from it; and that, therefore, the withdrawal of mercury, lead, and other deleterious metals from the living system, is more speedily and thoroughly done, than through the dead one. This being known from thorough and careful experiment, repeated again and again upon both the living and the dead subject, the next inquiry is, whether the presence of mercury, lead, &c., within the system, can cause disease; and previous to that, whether these metals will remain within the system for any length of time. The electrolysis of mercury from the systems of those who have not taken a grain of any mercurial preparation for twelve years, forever lays at rest the negative of the latter inquiry. We now know that mercury has been withdrawn from the system after it had remained fifteen years. That the presence of mercury causes a series of diseases, or affections, always renewed and continuous, and equally painful, has been proved in innumerable cases.

Frequently a sitting of half an hour will remove those causes of severe disease which have been torturing the body for years. We have witnessed this often.

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Donations to the Eclectic Medical Dispensary and Library of the College.

Messrs. Hagerty Bros., Nos. 8 and 10 Platt street, dealers in Druggists', Chemists', and Apothecaries' Glassware, have our thanks for a donation, in their line, to the Dispensary. Professor J. M. Scudder, of Cincinnati, has kindly donated to the Library of the College several of his valuable medical works. Professor Robert S. Newton has placed in the Library over three hundred volumes of medical works. Both departments are still anxious to record such donations as the friends of the cause are willing to bestow.

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## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

EXTIRPATION OF AN OSSEOUS TUMOR OF THE UPPER JAW. By W. R. WHITEHEAD, M. D., &c. Reprinted from Medical Record, June 1, 1867.

We have received the above, and take pleasure in making a few extracts from the same.

"CASE.—Miss F. P.—, from the South, aged eighteen, of good constitution, well formed, and slightly above the medium size, was afflicted

with a tumor of the upper jaw. She came to New York on the 28th of last December, and placed herself under my care for the purpose of having it removed. A few weeks prior to this date, I was consulted by her, at which time I examined the growth, and became acquainted with its previous history. At three years of age her nurse let her fall, and she received a blow, which bruised her right cheek; when six years old, a slight enlargement of the cheek on that side was first observed, which, however, was not very apparent, and caused her parents no uneasiness; but at the age of ten, the enlargement had sufficiently increased to excite their apprehensions.

"My first examination of the patient permitted me to observe that there was considerable deformity of the face, caused by a tumor occupying the right superior maxillary bone, slightly distorting the mouth, and making the cheek quite tense. The tumor invaded the orbit, and pressing upwards, narrowed the orbital cavity in its transverse direction, and compressed the eye. The roof of the mouth on the right side was slightly depressed. By passing the end of my index-finger behind the extremity of the alveolar arch, feeling and circumscribing the posterior and external surfaces of the tumor as thoroughly as possible, and carefully observing the deformity caused by it, I could judge with a certain degree of precision the extent of the disease. The mass appeared ovoid, had a smooth and regular surface, and to every part accessible to the touch was exceedingly hard on pressure, which was without pain.

*Operation.*—The patient was seated in a dentist's chair procured for the occasion; and after she had taken a small quantity of brandy and water, ether was administered to her, and the operation commenced by detaching, with a pair of strong scissors, the soft parts from the anterior spine of the maxillæ, and partially exposing to view the anterior bony opening of the nares. At this time the patient commenced to vomit; she had, however, not taken any breakfast that morning, and the cause of the vomiting was attributed to the ether. Considerable delay was caused by this interruption of the operation. Ether was not again used, but after she had swallowed more brandy and water, she was rapidly made insensible to pain with chloroform, and my dissection of the gum from the tumor continued. The cheek retractors provided for forcibly stretching the orifice of the mouth were well applied, and produced a proper extent of dilatation, which could have been much increased. I soon became convinced that the tumor in this case was too large, and distended the cheek too much, to be removed without an external incision. I promptly cut through the middle of the lip in its furrow, and extended the incision around and behind the right nostril, a short distance up the side of the nose. This incision, which is recommended by Ferguson, permitted me to complete the operation rapidly and with facility. The nasal branch of the maxilla was cut with Liston's bone-scissors, and the malar bone effectively severed with a metacarpal saw. An incision of the soft parts was then made along the posterior border of the palate bone, from the end of the alveolar arch to the middle palatine suture, and another at right angles to this incision terminating at the alveolar of the left incisor, which was extracted. One blade of Liston's scissors was passed into the right opening of the bony nares, and the other into the month, and the palatine arch cut. The tumor was then wrenched out with a pair of Ferguson's lion forceps, and the remaining soft parts adherent to it were detached. One of the little palatine arteries, throwing out a fine jet of blood, was secured, after a little trouble, by a ligature; with this exception there was no trouble from hæmorrhage, but to guard against it con-

siderable lint, some of which was saturated with a solution of sub-sulphate of iron, was stuffed into the cavity left after the extirpation of the tumor.

"The upper two-thirds of the external incision were united with ten or twelve silver wire sutures, and the cut surfaces of the lip were held in apposition by two figure-of-eight sutures."

We pass over the treatment until the 18th January.

"*January 18.*—During the last six or eight days, she has been able to sit up and to walk about the house. She went out this morning, in a closed carriage, and had her photograph taken, which, compared with the one taken before the operation, exhibits a marked improvement in her personal appearance, effected by the operation that relieved her from this encroaching tumor. Desirous of having the deficiency of the upper jaw, caused by the excision of the tumor, repaired by some competent dentist, I made careful inquiry, and learned through a professional friend, that in a similar operation performed in 1842 by Dr. R. D. Mussy, of Cincinnati, on the patient Thomas McGilligan, Dr. H. Crane, dentist of this city, made a substitute for the upper maxillary bone which the patient had worn twelve years when last seen. The contrivance which the dentist Cook made, and to which Mussy refers in his publication of the case, was soon rejected by the patient as useless. Miss P. visited to-day the rooms of Dr. Henry Crane, who is an ingenious and skilful dentist. With a little effort she can articulate quite distinctly; this is a very considerable advantage, and will aid in obtaining an excellent result, when this gentleman makes for her an artificial palate and set of teeth.

"*April 3.*—Miss P. has returned to New York to place herself under the care of the dentist. The parts are entirely healed; she is no longer subject to headache, and is in the most excellent health and spirits. The space left after the extirpation of the tumor has closed up remarkably well; the entire soft palate is preserved; and the only opening in the roof of the mouth is an oval orifice about an inch and a quarter in its longest diameter, which is antero-posterior. The eye is well retained in its natural position, and its movements are free and easily executed. There is some flatness of the cheek, and distortion of the right side of the mouth, which is obviously caused by the disuse of the muscles on that side of the face, which defect can probably be removed by the device of the dentist.

"*April 18.*—Dr. Crane has been eminently successful in accurately fitting to the young lady's mouth an ingenious piece of workmanship, composed in part of vulcanite, with a beautiful arch of teeth, and rose-colored gums of porcelain, appearing so natural that they defy close scrutiny. This dental attachment, which she has worn several days, enables her to pronounce with perfect distinctness; it improves her appearance, and her mouth feels more comfortable with it than without it, as it causes not the slightest irritation or inconvenience; indeed, it is a most remarkable triumph of the dental art, and has, I believe, never been excelled. Having accomplished the object of her last visit to New York, she is ready to return to her home, and now enjoys social intercourse with a zest which she rarely experienced before the removal of the tumor.

"*Examination of the Tumor.*—The tumor, after its excision, was heavy and hard, and appeared like a compact mass of hypertrophied bone, weighed four ounces and a quarter, and involves the superior maxilla and part of the malar bone. The greatest thickness of this growth is measured by its vertical diameter; its superior surface corresponds to



the floor of the orbit, which before the operation, in being displaced upwards, diminished the orbital cavity in this direction to the extent of about half an inch. The inner fractured border of this surface corresponds to the lower border of the orbital plate of the ethmoid bone, from which the tumor was separated in wrenching it out. On the upper third of its anterior surface may be seen an indentation, corresponding to the external orifice of the suborbital canal, from which point may be measured with the eye the extent of encroachment of the tumor upwards. Its external surface projects quite prominently, and its inferior and posterior surfaces also exhibit considerable enlargement of the maxillary bone. A piece of the tumor was sliced out by sawing to its centre; and the internal structure of the mass was observed to be similar to that of the most compact bone-tumor, and which is known as the ivory exostosis. Exceedingly fine sections of this piece were placed on slips of glass, and successively examined, under the microscope, after adding a drop of glycerine to each delicate section, and pressing gently its thin glass cover. Numerous osseous lacunæ, with their diverging canaliculi, were seen thickly studding the little masses within the field of the instrument. These osseous lacunæ were found to be present in each specimen examined, though not so numerous in some as in others.

*Conclusions.*—The growth is of a benign character. The origin of the diseased action in the bone is traceable to a contusion."

We have examined this case with much interest. Dr. Crane has done his part of the work equally with that of the operating surgeon. We have been personally acquainted with Thomas McGilligan since 1846, and know the skill exercised by Dr. Henry Crane in making a simple appliance for him which has stood the test these many years.

Soon after Dr. Crane completed the work for McGilligan, he was called to make an appliance for Mrs. Linhart, of Ripley, Ohio, to supply the loss of nearly all the lower jaw, at least from the second molar tooth on each side. In this case it was necessary to keep up the original form of the jaw by reproducing the "chin" and all the other portions to the points designated.

Dr. Crane made this so complete that no one could detect the existence of artificial work. It answers every purpose for utility and comfort and continues as a triumph of dental surgery.—R. S. N.

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AN ESSAY ON ASIATIC CHOLERA, AS IT APPEARED IN CINCINNATI, O., IN THE YEARS 1849, 1850, AND 1866, WITH REMARKS UPON ITS TREATMENT, AND A TABULATED STATEMENT OF ONE HUNDRED AND SEVENTEEN CASES TREATED. By ORIN E. NEWTON, M. D., Member of the Eclectic Medical Society of Ohio, Honorary Member of the Eclectic Medical Society of New York. New York and Cincinnati: published at the Office of the American Eclectic Review, 17 East Eighteenth street. 1867. Price \$1.00.

The essay, in manuscript, was furnished by O. E. Newton, M. D., of Cincinnati, Ohio, to the Eclectic Medical Society of New York, at the annual meeting of that Society held at Saratoga Springs, New York, June 13th, 1867.

Deeming this paper worthy of a large circulation, we have, by the consent of the Publishing Committee of the Society, been favored with the manuscript and permission to issue it in book-form. Our familiarity with the epidemic of 1849, 1850, being then a resident of Cincinnati, enables us to fully corroborate the views of the author. Our observation

there and subsequently in New York, our present residence, fully justifies us in saying that thus far the Old School have not saved one half of their cholera patients, while the Eclectic practitioners have saved over two thirds of their cases throughout the country in the epidemic of cholera in 1849, 1850, and 1866.

TABLE OF CONTENTS.—Cholera, as it appeared in Cincinnati in 1849-'50, '66—Three visits to the United States—Became epidemic in 1849, in May—Extract from Professor Freeman's paper—Symptoms of cholera—Pathology of cholera—Average per centage of cure in 1849—The greatest danger—What should be done—Diet and drinks—Treatment: proper things, for diarrhoea, for vomiting, for cramps—Deaths in Cincinnati in 1866—Rev. Mr. Mayo's remarks—Why the Board of Health would not report—Tabulated results of one hundred and seventeen cases—Note.

The benefit of having families and individuals provided with such medicines as may be needed in case of an attack, is fully set forth in this essay. The author furnished the medicines necessary to meet each form or stage of the disease, with full printed directions, to over four hundred persons and families. In this large number there were only three deaths; whereas, if they had been left to take the chances of obtaining physicians and medicines after the epidemic began, there is not the least doubt but one half would have died.

We copy the tabular portion of the work in full, which cannot fail to interest every reader of the Review.

The following tables are prepared with much care, and give the entire result of one hundred and seventeen cases. They fully illustrate the assertion of the author, that by having his patrons supplied with medicines and plain directions to use immediately upon being attacked with any symptom or condition of cholera, they may be saved from that fearful result which follows in almost every case where neither a physician nor medicine can be had. They also prove that where medicines are used immediately, the attack is cut short, and only in very feeble constitutions will it last over twenty-four hours, while in the greater number of cases they may be considered convalescent in five or six hours. These important facts could only be ascertained by keeping such a table of results. The object of the Essay is not to make every man his own physician, but to provide himself with reliable means to be used until the physician can be had, which in time of such epidemics often cannot be done.

This little manual appearing at the time it does, for cholera already exists in several large cities in this country, will be very valuable to medical practice, and may be relied upon for what it has already accomplished.



| NAME AND OCCUPATION.                       | AGE.    | NATIVITY. | PLACE OF RESIDENCE.               | DEGREES OR STAGES OF THE DISEASE.                                                                                      | DATE OF THEIR COMMENCEMENT.—1865. | DATE AND MODE OF TERMINATION.—1865. |
|--------------------------------------------|---------|-----------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------|
| Henry Goldsmith.....                       | 27 yrs. | German.   | Cor. Live & Abigal.               | Diarrhœa and vomiting.                                                                                                 | Aug. 17.                          | Discharg'd cured Aug. 20.           |
| Mr. Whitcomb, A. & G. W. R. R.             | 30 "    | American. | Longworth st.                     | Diarrhœa, with sinking spells.                                                                                         | " 17.                             | " " 22.                             |
| Mrs. Shank.....                            | 30 "    | German.   | 235 Brimau st.                    | Asiatic cholera.                                                                                                       | " 16.                             | " " 17.                             |
| Obermeyer's child.....                     | 8 "     | "         | 122 Abigal st.                    | Vomiting, cramping and diarrhœa, and in a collapsed condition before relieved.                                         | " 18.                             | " " 23.                             |
| W. Vatchet's child.....                    | 1 "     | American  | 130 York st.                      | Violent diarrhœa.                                                                                                      | " 20.                             | " " 18.                             |
| Isaac Webb.....                            | 17 "    | "         | Penn & George.                    | Severe diarrhœa.                                                                                                       | " 25.                             | " " 23.                             |
| Caroline Kense.....                        | 12 "    | German    | 135 Everett st.                   | Diarrhœa and vomiting.                                                                                                 | " 4.                              | " " 25.                             |
| Willie Little.....                         | 6 "     | American  | 132 Everett st.                   | Severe Diarrhœa.                                                                                                       | " 6.                              | " " 4.                              |
| Charley Little.....                        | 3 "     | "         | 144 Laurel st.                    | Diarrhœa, cramping and vomiting.                                                                                       | " 11.                             | " " 7.                              |
| A. Turner, driver.....                     | 28 "    | "         | 136 Everett st.                   | Severe vomiting.                                                                                                       | " 18.                             | " " 12.                             |
| Emma Woodworth.....                        | 19 "    | "         | 42 Elizabeth st.                  | Diarrhœa.                                                                                                              | " 23.                             | " " 23.                             |
| R. L. Atkins, clerk.....                   | 31 "    | "         | "                                 | "                                                                                                                      | " 19.                             | " " 19.                             |
| Mrs. R. L. Atkins.....                     | 29 "    | "         | 242 Clark st.                     | Malignant diarrhœa—frequent rice-water discharges.                                                                     | " 22.                             | " " 23.                             |
| M. T. Sigur, Southern planter.....         | 60 "    | French.   | "                                 | "                                                                                                                      | " 9.                              | " Aug. 11.                          |
| J. Bass, candy manuf. 64 Walnut st. ....   | 25 "    | Scotch.   | 30 Alison st.                     | Diarrhœa.                                                                                                              | " 21.                             | " Aug. 24.                          |
| D. Gallagher, carpenter.....               | 36 "    | Irish.    | 64 John st.                       | Severe diarrhœa.                                                                                                       | " 12.                             | " " 12.                             |
| N. B. Wills.....                           | 21 "    | American. | W. 4th st.                        | Cramping, vomiting, diarrhœa, and coldness of the extremities.                                                         | Consultation Aug. 6.              | "                                   |
| Molly Montgomery.....                      | 24 "    | "         | Linn and Livingston sts.          | Cramping, vomiting, and diarrhœa.                                                                                      | Aug. 7.                           | " " 8.                              |
| Geo. Hukill, pilot.....                    | 35 "    | "         | 132 W. 9th st.                    | Vomiting, sinking, with coldness—strong tendency to collapse.                                                          | " 8.                              | " " 9.                              |
| F. G. Fromeyer.....                        | 28 "    | German.   | Walcut Hills.                     | Severe diarrhœa.                                                                                                       | " 21.                             | " " 22.                             |
| Mrs. G. Frey.....                          | 23 "    | "         | Stow's Township.                  | Cramping and diarrhœa.                                                                                                 | " 15.                             | " " 16.                             |
| Mrs. Staley.....                           | 22 "    | American. | York near Linn st.                | Cramping.                                                                                                              | " 23.                             | " " 23.                             |
| Jno. Thomas.....                           | 27 "    | "         | 132 Livingston st.                | Severe diarrhœa.                                                                                                       | " 17.                             | " " 18.                             |
| Rome Thomas.....                           | 3 "     | "         | "                                 | "                                                                                                                      | " 17.                             | " " 17.                             |
| Carrie Mandary.....                        | 17 "    | German.   | Ruggles' House, 34 Plum st.       | Diarrhœa with rice-water discharges.                                                                                   | " 18.                             | " " 18.                             |
| W. H. Cullam, I. & C. R. R.....            | 25 "    | American. | 34 Plum st.                       | Malignant diarrhœa.                                                                                                    | " 21.                             | " " 24.                             |
| Chas. Parell, clerk at Hall's safe factory | 30 "    | "         | N. W. Cor. Hunt and Sycamore sts. | Diarrhœa commenced Aug. 25th; applied to me Aug. 27th; was vomiting and at same time had an operation every half hour. | " 14.                             | " " 15.                             |
| Mrs. Mary Fallan.....                      | 73 "    | Irish.    | "                                 | "                                                                                                                      | " 25.                             | Relieved " 28.                      |



| J. E. Haynes, carpenter, Baker st.<br>Miss —, sister-in-law to H. Cordes,<br>dairyman. | 40 yrs.<br>24 " | German.   | 5 Observatory Road,<br>East Walnut Hills. | Diarrhoea.<br>Severe diarrhoea.                                    | Discharg'd cured Aug. 6. |
|----------------------------------------------------------------------------------------|-----------------|-----------|-------------------------------------------|--------------------------------------------------------------------|--------------------------|
|                                                                                        |                 |           |                                           |                                                                    |                          |
| W. B. Wells, Cincinnati Type Foundry.                                                  | 24 "            | American. | W. 4th st.                                | Cramping, vomiting, and diarrhoea.                                 | " " 8.                   |
| Thos. W. Kinsey                                                                        | 40 "            | "         | 882 W. 9th st.                            | Diarrhoea.                                                         | " " 20.                  |
| R. G. Horn                                                                             | 20 "            | "         | 59 Eighth st.                             | Vomiting, diarrhoea, cramping, and<br>strong tendency to collapse. | " " 15.                  |
| H'y Tracey, clerk at Kusey & London                                                    | 20 "            | Irish.    | 123 W. Front st.                          | Diarrhoea and cramping.                                            | " " 23.                  |
| J. J. Ralpe.                                                                           | 40 "            | American. | Newport, 140 Mon-<br>mouth st.            | Cramping, cold to knees and elbows.                                | " " 20.                  |
| Sarah A. Rinnells                                                                      | 50 "            | "         | Newport.                                  | Diarrhoea.                                                         | " " 12.                  |
| Jas. Rinnells                                                                          | 18 "            | "         | "                                         | Diarrhoea and cramping.                                            | " " 12.                  |
| E. Rinnells                                                                            | 22 "            | "         | "                                         | Diarrhoea.                                                         | " " 12.                  |
| Wm. Rinnells                                                                           | 20 "            | "         | "                                         | "                                                                  | " " 12.                  |
| Mathew Doyle, brewer.                                                                  | 30 "            | Irish.    | Abigal st.                                | Diarrhoea and vomiting.                                            | " " 15.                  |
| Mrs. Campbell                                                                          | 25 "            | "         | Hunt & Syc sts.                           | "                                                                  | " " 22.                  |
| Mrs. J. E. Leslie                                                                      | 28 "            | "         | 95 John st.                               | Severe diarrhoea.                                                  | " " 18.                  |
| Mrs. M. D. Leslie                                                                      | 21 "            | American. | W. 9th st.                                | Diarrhoea.                                                         | " " 20.                  |
| Fannie Leslie                                                                          | 2 "             | "         | 95 John st.                               | "                                                                  | " " 20.                  |
| Laura Atkins                                                                           | 41 "            | "         | 42 Elizabeth st.                          | Vomiting and diarrhoea.                                            | " " 12.                  |
| C. T. Adams                                                                            | 35 "            | "         | 563 W. 9th st.                            | Diarrhoea and cramping.                                            | " " July 29.             |
| Mrs. C. T. Adams                                                                       | 34 "            | "         | "                                         | Very severe diarrhoea and cramping;<br>lasted several days.        | " " July 29.             |
| Sally Adams                                                                            | 8 "             | "         | "                                         | Severe diarrhoea.                                                  | " " 30.                  |
| Sarah Patterson                                                                        | 28 "            | "         | "                                         | Nausea and bad diarrhoea.                                          | " " Aug. 18.             |
| S. D. Evans                                                                            | 27 "            | "         | 48 Mill st.                               | Cramping and coldness.                                             | " " 11.                  |
| Lozine De Gray                                                                         | 6 "             | "         | 73 Pleasant st.                           | Severe diarrhoea.                                                  | " " 20.                  |
| Mrs. Henry Alexander                                                                   | 26 "            | "         | Avondale.                                 | Cramping and severe diarrhoea.                                     | " " 6.                   |
| J. F. Hurton                                                                           | 8 "             | "         | 713 Elm st.                               | Rapid diarrhoea, watery discharges.                                | " " 17.                  |
| " " 2d attack.                                                                         | 15 "            | "         | "                                         | Severe diarrhoea.                                                  | " " 19.                  |
| J. D. Hurton                                                                           | 15 "            | "         | "                                         | Diarrhoea and vomiting.                                            | " " 23.                  |
| J. W. Neff, student                                                                    | 24 "            | "         | Clifton, O.                               | Diarrhoea and vomiting, cold hands<br>and feet.                    | " " 25.                  |
| Mary Mullahey                                                                          | 20 "            | Scotch.   | Ruggles' House,                           | Cramping in bowels and diarrhoea.                                  | " " 23.                  |
| U. T. Wise                                                                             | 7 "             | American. | 94 Elm st.                                | Vomiting, purging, and diarrhoea.                                  | " " 20.                  |
| P. Smith                                                                               | 27 "            | German.   | Clinton st.                               | Cramping and diarrhoea.                                            | " " 14.                  |
| M. A. Kessler                                                                          | 20 "            | American. | 144 Livingston st.                        | Diarrhoea with cramping in bowels.                                 | " " 23.                  |
| Wm. Senour                                                                             | 39 "            | "         | 170 W. 4th st.                            | Diarrhoea and cramping, very severe.                               | " " 7.                   |
| G. G. Wright                                                                           | 30 "            | "         | 77 George st.                             | Diarrhoea.                                                         | " " 15.                  |
| Frank Ewers, 415 Main st.                                                              | 61 "            | "         | 415 Main st.                              | Malignant diarrhoea and cramping.                                  | " " 11.                  |
| M. Tennisson                                                                           | 35 "            | "         | 43 E. 7th st.                             | Vomiting and diarrhoea.                                            | " " 16.                  |
| Wm. Tennisson                                                                          | 2 "             | "         | "                                         | Diarrhoea, cramping, and vomiting,<br>with tendency to collapse.   | " " 17.                  |
| Emma Tennisson                                                                         | 6 "             | "         | "                                         | Diarrhoea and vomiting.                                            | " " 11.                  |
| Mrs. M. Tennisson                                                                      | 33 "            | "         | 43 W. 7th st.                             | Severe diarrhoea.                                                  | " " 12.                  |

*Cases of Asiatic Cholera treated by O. E. Newton, M. D.—Continued.*

| NAME AND OCCUPATION.                | AGE.    | NATIVITY. | PLACE OF RESIDENCE.                           | DEGREES OR STAGES OF THE DISEASE.                                   | DATE OF THEIR COMMENCEMENT.—1866. | DATE AND MODE OF TERMINATION.—1866. |
|-------------------------------------|---------|-----------|-----------------------------------------------|---------------------------------------------------------------------|-----------------------------------|-------------------------------------|
| J. C. Mattoon's child.....          | 2 yrs.  | American. | W. side Kilgour, bet. 3d & Congress, Newport. | Severe diarrhœa.                                                    | Aug. 14.                          | Discharged cured Aug. 16.           |
| Charles Hallam's child.....         | 7 mos.  | "         | 69 W. 9th st.                                 | Diarrhœa.                                                           | " 18.                             | " " 18.                             |
| E. B. Merritt.....                  | 15 yrs. | "         | 349 W. 8th st.                                | Malignant diarrhœa.                                                 | " 15.                             | " " 17.                             |
| Mrs. Thomas H. Johnson.....         | 48 "    | "         | 341 Baymiller.                                | Diarrhœa and pains in bowels.                                       | " 15.                             | " " 16.                             |
| Mrs. W. G. Crippen.....             | 42 "    | "         |                                               | Cramping, diarrhœa, and a strong tendency to collapse.              | July 7.                           | " July 8.                           |
| Louisa Gilson.....                  | 14 "    | "         | 17 E. 7th st.                                 | Vomiting and severe diarrhœa, with watery discharges.               | August 21.                        | " Aug. 21.                          |
| Anne Myers.....                     | 30 "    | "         | E. 6th, above Baum.                           | Diarrhœa, cramping, and vomiting, with severe tendency to collapse. | " 23.                             | " " 24.                             |
| Thomas H. Johnson's hired girl..... | 28 "    | "         | 349 W. 8th st.                                | Violent diarrhœa.                                                   | " 28.                             | " " 27.                             |
| Jos. P. Mayers.....                 | 47 "    | German.   | Wahnet Hills.                                 | Violent diarrhœa.                                                   | " 27.                             | " " 27.                             |
| W. H. Bristol.....                  | 40 "    | American. | 404 W. 3d st.                                 | Violent diarrhœa and vomiting, with severe pains in bowels.         | July 27.                          | " July 28.                          |

One hundred and seven cases tabulated; ten cases not included in the above table; making a total of one hundred and seventeen cases, with only three deaths.—See page 23 of the Essay.

THE CAUSES, SYMPTOMS, DIAGNOSIS, PATHOLOGY AND TREATMENT OF CHRONIC DISEASES.—By John King, M. D., Prof. of Obstetrics and Diseases of Women and Children, in the Eclectic Medical Institute of Cincinnati; Author of American Dispensatory, etc. 1867.

It was a happy thought, that led the author of this work to undertake the labor necessary to the production of a work which should embody all the facts of primary importance to the profession, on the great number of diseases which might be included under such a title; also to leave unsaid what might *seem* relevant, but if written would only serve to encumber the rest and make merely a bulky book. Chronic disease forms a large part of the practice of nearly every physician, and yet no work has heretofore been published, treating the subject in the light in which those diseases exist, as peculiar to themselves, and requiring peculiar and special treatment. All that can be learned of the treatment of such diseases, is scattered through a great number of works, and generally associated with those of the acute form of such diseases. It is always incomplete and insufficient when so given, as if considered by the writer of but secondary importance. Chronic disease exists, so frequently, from slight causes operating to produce partial local derangements, which become formidable from their extension, and also by virtue of a feeble vital resisting power, that the treatment which is useful in ordinary acute diseases is frequently not beneficial in the chronic. "The aim of the author has been, not so much to present a wholly original work, as one of practical utility to the great mass of practitioners, its material being derived from every reliable source; and although a very large amount of original matter is contained in its pages, together with new and original methods of treatment, as well as several valuable remedial preparations which he now makes known for the first time, and also the several tables in the latter part of the work, yet he desires it to be distinctly understood that no originality is claimed for the work, which must be regarded simply as a compilation."

Although the work has no table of contents, the order of arrangement of the subjects is such, that the student can hardly fail to find what he desires, with but little trouble. In his "Introductory Remarks," the author gives us a valuable disquisition on "Hygiene," in which his theory of the human temperaments is presented. He also gives valuable remarks on diet, drinks, the use of tobacco; on air, clothing, exercise, sleep, bathing, light, heat, electricity, occupations, society, passions, mental influences, generative functions, constipation, regularity of bowels, attention to the condition of the stomach, regularity of the functions of the kidneys, urine in health and disease and its indications. Under the above headings there are advanced many theories which are peculiar and which he gives "for what they are worth," but which may at least give rise to thought and be useful to establish new facts. Part 2d includes remarks concerning the causes, symptoms, curability, and treatment of chronic diseases. Concerning hereditary diseases he says, "I am fully satisfied that, as a general rule, by a proper course of hygienic and therapeutic management, commenced early in life, and persistently continued in to adult age, such diseases, or rather the tendencies to them, are capable of being either wholly removed, or so modified as to preserve the person from subsequent attack of the parental disease." He reflects strongly against the practice of some physicians and surgeons, when suspected malignant affections are presented to their notice, advising the parties to let them alone, or wait until it presents a more serious aspect and de-

mands treatment, for the sooner they are attended to the more susceptible they are of being cured.

Part 3d treats of chronic diseases of the nervous system. This is indeed a broad field for observation and one which has been but very imperfectly explored; at least, most physicians are but little acquainted with this class of diseases, and the most ready means of controlling them. The Eclectic treatment is fully presented for those difficult cases, and much light thrown on their pathological character. Chronic diseases of the circulatory system also receive a full share of attention. Under the head of constitutional diseases, he considers scrofula, rheumatism, gout, constitutional syphilis, purpura menorrhagia, scorbutus, dropsy, anemia, and cachexia Africana. In his remarks on constitutional syphilis, the author says: "A thorough cure of the primary affection, without mercurials, has never in my experience been followed by the constitutional disease, and I have treated hundreds of cases, and also witnessed the treatment of many others by the means usually pursued by our class of medical men." Chronic diseases of the respiratory organs includes a description and treatment of ozæna, chronic laryngitis, bronchitis, hemoptysis, asthma, tubercular consumption,—also directions for the use of the laryngoscope in examination of larynx and posterior nares. Under chronic diseases of the digestive system are included those of the whole length of the alimentary canal; including dyspepsia, chronic diarrhœa, dysentery, and diseases of the liver, spleen, &c. Under chronic diseases of the genito-urinary system, much valuable information can be gleaned concerning the condition called Bright's disease, and renal calculi, inflammation of the bladder, and vesical calculi; also his treatment for gonorrhœa, stricture of the urethra, &c. He gives full attention also to the description and treatment of diseases of the skin, in the next section, which is followed by those also of the prostate gland. Chronic diseases of the ear and eye then make up the rest of the voluminous work, and the author goes as fully and thoroughly into these as into those just mentioned, for this is truly not the least valuable part of the work, as heretofore not much has been written by an Eclectic on the former of those subjects, and presented to the profession in so connected a manner. After giving a lucid and minute description of the different portions of the auditory apparatus, of the sounds accompanying some of the diseases to which they are subject, and of the methods of exploring the external auditory canal and Eustachian tube, he proceeds to discuss the *therapeutics* of diseases of the ear, and then to the particular description of the diseases themselves. He follows the same general order, in diseases of the eye. The work is completed by the addition of an appendix, containing many valuable tables. Dr. K. seems to have forgotten that there are Eclectic authors whose opinions are of value in practice. It is well and strongly bound in leather, contains 1,607 pages, is on good paper, and in very readable type. Price \$15.00.

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## NEWS AND MISCELLANY.

### ABSTRACT OF THE PROCEEDINGS OF THE THIRTY-SECOND SENATORIAL DISTRICT.

Annual Meeting of the Eclectic Medical Society of the 32d Dist., N. Y., convened at the Eastern Hotel, Dunkirk, at 2 P. M., Wednesday the 13th day of May, 1867.



The meeting was called to order by reading the Minutes and calling the Roll of members. Much business was transacted, several interesting essays and reports were made.

The annual address was delivered by M. M. Fenner, M. D., of Jamestown, this was one of the most valuable papers ever submitted to the Society, and Dr. Fenner certainly did himself much credit in presenting the same. It shows much research and familiarity with the Eclectic Medical literature. Nothing is more gratifying to the older men in our profession, than to see the spirit and industry manifested by many of our young men in the Eclectic medical profession.

This paper will in all probability be published in the annual proceedings. We have read it with much interest, and truly do we wish that thousands of our young medical men would show as much industry as Dr. F.; if they did, our journals and annual reports would be larger and filled with valuable medical matter.

The following officers were elected for the ensuing year :

President, C. C. Rugg, M. D., Gowanda ; Vice President, M. M. Fenner, M. D., Jamestown ; Secretary, N. T. Marsh, Ellington ; Treasurer, A. S. Davis, M. D., Fredonia ; Delegates to the State Society, Saratoga Springs, June 12th:—Drs. G. L. Whitford, Fredonia ; C. C. Johnson, Gowanda ; A. P. Parsons, Forestville ; A. S. Davis, Fredonia ; Jas. Fenner, Sherman ; Alvah Jennings, Sherman ; M. M. Fenner, Jamestown. For next Annual Address, H. C. Taylor, Brockton. A vote of thanks was tendered Dr. M. M. Fenner for his able and interesting address. Dr. Taylor presented the compliments of his lady to the Society with a request they become her guests at their next meeting. The invitation was accepted and a vote of thanks extended to Mrs. Taylor for her politeness. Society adjourned to meet at Brockton, on the second Tuesday of September, at 10 A. M.

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#### ABSTRACT OF THE PROCEEDINGS OF THE ECLECTIC MEDICAL ASSOCIATION OF OHIO.

This association held its annual meeting at Lebanon, Ohio, commencing on the 29th day of May, 1867. Forty-three members in attendance. The officers elected for the year were : John King, M. D., President ; A. Potter, M. D., of Springfield, and O. E. Newton, M. D., of Cincinnati, Vice Presidents ; Jerome P. Marvin, M. D., of Cincinnati, Recording Secretary ; D. M. Keith, M. D., of North Fairfield, Corresponding Secretary ; J. M. Scudder, M. D., Treasurer. Several papers of interest to the profession were read, the treatment of cholera was discussed at some length, and some of the late improvements in medicine examined. It was the opinion of the convention that cholera is as amenable to treatment as most other diseases, but that it is necessary to promptly employ remedies in the forming stages, and, while very simple means, with entire rest in the recumbent position, are often sufficient, the disease is a very grave one in the stage of collapse, and requires very active treatment and great care in the management of the patient.

A committee on next place of meeting, reported the following places from which invitations had been received, viz.: Urbana, Springfield, Chillicothe and Cincinnati. On motion, the selection was made by ballot and resulted in favor of Urbana.

Dr. Scudder then presented resolutions, which on motion were adopted. These were the same as offered by Prof. Scudder, in the New York meeting (see report); also at the Indiana meeting (see report.—Ed. R.)

The President appointed Drs. W. S. Merrell, T. L. A. Greve and S. H. Potter as the committee from this Association, on the preparation of an Eclectic Pharmacopœia, and delegates to the national Eclectic Medical Association.

Dr. D. W. McCarthy presented the following, which was adopted :

*Resolved*, That this convention represent to our practitioners the necessity of showing to young men the superior advantages of Eclecticism, and of inducing them to commence the study of medicine.

Dr. L. E. Jones introduced the following, which was adopted :

*Resolved*, That it is the desire of this convention, that all articles or communications furnished for the pages of our Eclectic Medical Journals, be accompanied with the post office address of the writer, in accordance with the custom prevalent both at home and abroad with all respectable Medical Journals.

The following presented by Dr. S. H. Potter, was adopted :

*Resolved*, That the committee on publication obtain and publish the names and addresses of all the graduates of Eclectic Medical Colleges residing in the State, and distribute them to all the members of this association.

On motion of Dr. Potter, the By-Laws and Constitution were ordered to be printed.

On motion of Dr. O. E. Newton, the old committee on publication, consisting of Drs. Scudder, Freeman and McCarthy, was continued.

On motion of Dr. Judge, the resolutions and petition to Congress proposed by this association, were referred to the President and printing committee, for the purpose of carrying out the wishes of this Convention.

On motion of Dr. Scudder, Dr. Judge was appointed a delegate to the Indiana State Eclectic Medical Association.

Reports were then called for from those members to whom were given, at the last annual meeting, subjects to write upon and present before the Association. All who were present, reported "not prepared," excepting Dr. Scudder, who delivered a short address on "What are the specific differences between the Eclectic and Allopathic Practice."

On motion, Dr. Scudder was requested to reduce his address to writing.

On motion the different subjects, with the exception of those given to members who have moved out of the State, were continued.

Quite an interesting discussion was had with reference to *local anesthesia*, the *hypodermic injection*, the treatment of cholera, and various other matters of interest, and was participated in by the members generally.

The following members, at the request of the President, promised to prepare essays or reports for the next annual meeting, on subjects of their own selection; Dr. S. H. Potter, Dr. A. Potter, Dr. Smith, Dr. Markt, Dr. Abner Thorp, Dr. Greve, Dr. W. S. Merrell, Dr. Griffith, Dr. T. C. Thorp, Dr. Perlee.

Dr. Keith said he would have an essay on "Uremic Eclampsia," at the next meeting.

On motion the Secretary was directed to send a bill, for annual fee, to each absent member.

# ABSTRACT OF THE PROCEEDINGS OF THE ECLECTIC MEDICAL ASSOCIATION OF INDIANA.

## FIRST DAY'S PROCEEDINGS.

The Association met pursuant to adjournment in the Senate Chamber June 5, 1867. On motion of Dr. Pickerill, Dr. Ridgeway was elected temporary President. The roll was called, and the minutes of the previous meeting were read. Some discussion was elicited, after which they were unanimously adopted.

Dr. J. M. Youart moved that a committee of three be appointed to examine and report upon the reception of new members. This motion was carried; Drs. Pickerill, Youart, and Jones were appointed to examine the credentials of those present desiring to become members. The committee reported the following names of candidates for admission:

C. G. Bartholomew, M. D., Rockville. W. W. Keeling, M. D., Sulphur Hill. M. G. Mitchell, M. D., Abington. P. H. Wright, M. D., Jonesboro. E. J. Kirk, M. D., Jonesboro. W. L. Moon, M. D., Mooresville. S. B. Fisher, M. D., Rossville. They were unanimously elected members of the association.

The chairman announced that election of officers was in order, and on motion of Dr. Jones, a committee of three was appointed to make nominations. The committee consisted of Drs. Bartholomew, Mitchell and Wansetler.

Dr. Prunk made a few remarks in regard to the propriety of organizing district associations, to keep up the interest and activity in the work before them. He said, unless we exhibit a greater degree of enterprise, other schools will outstrip us in the race. We should endeavor to show our professors and colleges that here is a nucleus which may serve to benefit them, not only pecuniarily, but professionally. One reason why we have not been more successful is that we have not sufficiently classified our business, and laid out each man's work, and demanded of him that it should be done.

Dr. Pickerill approved Dr. Prunk's suggestions, and said that if the eclectic physicians would only come up to the association and work for the progress of medicine, a great deal might be done. But how that result was to be attained he could not tell, if they would not come. We want to be as one man in this State, to consolidate our power in doing good, and we never can do that until we can convince physicians of the importance of becoming members of this association, and thus we become mutually improved.

Dr. Ridgeway thought the way to induce them to come was to make the meetings interesting and instructive. In regard to Dr. Prunk's proposition, he thought that resident physicians should organize the district and county societies themselves. All that could be done here was to determine upon and submit a plan of organization.

Dr. Ridgeway reported an interesting case of excitation of the ganglionic system of nerves.

## ELECTION OF OFFICERS.

The committee on nomination of officers then reported as follows:

For President, J. F. Ridgeway, M. D. For Vice President, L. Abbett, M. D. Second Vice President, — Dakin, M. D. Recording Secretary, D. H. Prunk, M. D. Corresponding Secretary, G. W. Pickerill, M. D. Treasurer, E. P. Jones, M. D.

On motion of Dr. Pickerill, the report was received and the committee discharged. Dr. Ridgeway was unanimously elected President.

Dr. Pickerill nominated Drs. Bartholomew and Mitchell for Vice Presidents, as both the nominees of the committee resided in the city, and it was best to distribute the officers throughout the State.

The ballot resulted in the choice of Drs. Mitchell and Bartholomew as Vice Presidents, after which the other officers named by the committee were unanimously elected. Dr. Pickerill moved that a committee of five censors be appointed, instead of three, as heretofore proposed.

Dr. Mitchell thought it should be called a board of censors, and not a committee. The Dr. then narrated some of his own experience in regard to quacks and charlatans, and suggested that the board have power to examine the capabilities and attainments of candidates. Men totally disqualified for the practice of medicine should be kept out, and he thought that therefore a board of censors should be appointed.

Dr. Bartholomew thought that true medical eclecticism should be protected, and although he would not discountenance every man who has not attained eminence, still there was a certain degree of attainment to which every man should reach. The principles upon which eclectic physicians are battling for medical science, are misunderstood. All the people need to be enlightened, and medical men to learn that we have a broad foundation and are working for medical advancement.

Dr. Ridgeway felt the importance of making the standard very high. He was in favor of a board of censors; even now there might be some unworthy member among us, as hitherto we have been very lax, and he hoped that in the future greater care in the admission of members would be exercised.

Dr. Prunk then explained the effect and duties of a Board of Censors.

Dr. Bartholomew moved that the subject be referred to a committee of three, with instructions to revise the fifth article of the constitution and report necessary by-laws. Committee: Drs. Mitchell, Bartholomew and Keeling.

Dr. Slidell moved that when the Association adjourn, it adjourn to meet at 8 o'clock p. m.

Dr. Pickerill moved that Dr. Prunk be called upon to read his essay to-night. Carried.

Dr. Prunk moved that Drs. Fisher, Bartholomew and Mitchell be appointed a committee to examine the prize essays, which motion was carried.

On motion, the Association adjourned until 8 o'clock p. m.

#### EVENING SESSION.

Vice President Bartholomew called the society to order.

Dr. D. H. Prunk then read an essay on the treatment and Pathology of Typhoid Fever.

A discussion as to its treatment then followed, which was participated in by Drs. Youart, Bartholomew, Prof. Judge, of Cincinnati, and Dr. Prunk. The certificate of Dr. Judge as a delegate from the Ohio State Eclectic Medical Association was then read, and the Doctor duly admitted and elected an honorary member.

Prof. Judge then gave a short account of the session of the Ohio State Medical Association held at Lebanon, Ohio, last week, and also urged the necessity of a compilation of a pharmacopœia, in order that all preparations might be uniform. He read the following resolutions passed by the Ohio Association:

WHEREAS, The pharmaceutical preparations of our school, as made by various manufacturers, are frequently very different in character and



medicinal qualities while bearing the same name, consequent upon the use by pharmacutists of private formularies in preference to those set forth in King's American Dispensatory :

And WHEREAS, Such uncertainty is detrimental to the reputation and success of our physicians ; therefore,

*Resolved*, That this Association, recognizing the necessity of a revision of our pharmacopœia, do appoint a committee of three to act with the committees from State societies and medical colleges throughout the United States in making such revision.

This Association would also suggest that the literary part of the work be intrusted to Professor John King, as the author of our dispensatory, and compiler of our present pharmacopœia.

A motion to adopt the resolutions and appoint a committee was approved by Drs. Youart, Ridgeway, Prunk, Pickerill and Bartholomew, who spoke of the difficulty of procuring medicines of a uniform strength, and the necessity of a reform.

The resolutions were unanimously adopted, and Drs. Bartholomew, Prunk and Youart appointed a committee.

The Committee on Board of Censors reported the following amendment to the constitution :

At each regular meeting of the association the president shall appoint a board of censors, consisting of five members of this association, whose duty it shall be to examine the standing and qualification of members of this association, and of all candidates applying for membership ; who shall serve for one year and until their successors are appointed.

It shall be the duty of the board of censors to hear all complaints of members of the association against any member thereof, and to diligently investigate the same, and report the result of the same to the association for its consideration.

It shall be the duty of said board to receive and consider the credentials of all persons desiring to become members of this association, and report upon the same to the association from time to time.

On motion, the report of the committee was received and the committee discharged.

On motion, the report was adopted.

Dr. Prunk offered the following resolution, which was adopted :

*Resolved*, That it shall the further duty of the Board of Censors to examine the prize essays.

On motion the society adjourned until morning.

## SECOND DAY'S PROCEEDINGS.

### MORNING SESSION.

The Association was called to order by President Ridgeway.

On motion of Dr. Bartholomew, Dr. J. S. King, was elected a member of the Association.

Dr. Pickerill moved that the Board of Censors be appointed, which being carried, the President appointed Drs. Bartholomew, Mitchell, Prunk, Wansettler and McCann.

On motion of Dr. Jones, Dr. Mitchell was appointed a Committee on Printing.

On motion, Dr. N. S. Pendery was duly elected a member of the society.

Reading of papers being in order, Dr. Pickerill read an essay on the subject of " Rational Medicine, as exemplified by eclectic physicians."

On motion, the essay was referred to the Board of Censors for examination, in view of publication.

Dr. Youart, Chairman of the Committee on Printing, presented his report, which was adopted.

Dr. Youart gave a history of a case of Ozæna, which he had been attending for some months, and requested the personal examination of the members.

Dr. Harland's equalizer, an instrument for the relief and cure of paralytic diseases, was introduced by Dr. Bartholomew. Dr. Harland explained the workings of the instrument, and instanced a number of cases of paralysis, rheumatism, neuralgia, etc., which had been cured by its use.

On motion, the society adjourned until two P. M.

#### AFTERNOON SESSION.

The meeting was called to order by the President.

On motion of Dr. Prunk, a meeting of the Board of Censors was called to examine into charges against members.

The Committee on the Investigation of the condition of the Treasury brought in a report, which was received.

The Corresponding Secretary, Dr. Pickerill, then gave his annual report.

Dr. Bartholomew offered the following amendment to the by-law, which was adopted :

*Resolved*, That the Initiation Fee of this Association shall be five dollars.

In conformity to the report of the Board of Censors, Drs. P. B. Musgrove and F. B. Fesler were expelled from the Association as no longer worthy to remain in it.

The following resolutions, adopted by the State Eclectic Association of Ohio, were read and concurred in :

*Resolved*, That it is the opinion of the Association, that the time has now come for the organization of a National Society, and to this end they would solicit the co-operation of other State, District and County Medical Associations.

*Resolved*, That we now proceed to elect two delegates to the National Society.

Drs. Youart and Pickerill were then elected delegates to the National Association, which meets in Cincinnati in June, 1868, and Drs. Prunk and Mitchell alternates.

The following resolutions and memorial to Congress, adopted by the Ohio Association, were read :

*Resolved*, That in this country, all legally educated physicians should of right be equal before the law, and we claim for all lawful graduates equal rights in the service of the Government.

*Resolved*, That to obtain these rights we petition the Congress of the United States, and that we solicit the co-operation of legally educated physicians.

*To the Senate and House of Representatives of the United States, in Congress assembled :*

Your petitioners, representing a large body of physicians in the United States, would set forth that heretofore the examinations by the army and navy medical boards, have been strictly confined to one class of medical men, and have been persistently refused to all others. It has been ascertained that about fifteen thousand legally educated physicians are excluded by this unjust rule. In education and intelligence they are

fully the equals of their competitors. We cannot but regard the exclusion of so large a number of citizens from the public service as contrary to the spirit of our institutions, unjust to this large number of physicians, and a detriment to the public service.

We therefore pray for the passage of an act placing the graduates of all chartered medical colleges in the United States on the same basis, and admitting all to competitive examination before the army and navy medical boards.

On motion of Dr. Bartholomew, the resolutions and memorial were unanimously adopted.

Dr. King presented a number of specimens of medicines, to which he called the attention of the members.

Dr. Youart offered a resolution that the society elect some member annually to deliver an address upon eclecticism or some subject connected with it.

The resolution being carried, Dr. Youart was elected to deliver such an address.

On motion of Dr. Prunk, Drs. Prunk, Keeling, Rice, Fisher, Mitchell and Bartholomew were appointed a scientific committee to nominate essayists for the meeting next year.

Dr. Pickerill offered the following resolution, which was adopted:

*Resolved*, That the thanks of the Association be tendered to the city papers for the publication of the minutes of the Association.

The committee on scientific essays made the following nominations:

Prof. Judge—Pharmaceutical preparations.

Dr. Cowdery—The pathology and treatment of uterine leucorrhœa.

Dr. Jay—Surgery.

Dr. Emeis—Ophthalmia.

Dr. Pickerill—Asthma.

Dr. Bartholomew—Paralysis.

Dr. Prunk—Cellular pathology.

Dr. Jones—Hypodermic syringe.

The report of the committee was adopted.

Dr. Pickerill moved that Professor John King, of Cincinnati, be invited to deliver a public address before the next annual meeting of the Association. Concurred in.

An essay on rational medicine, written by Dr. Huntsinger, was read by the President. The essay was, by motion, referred to the committee for examination.

The minutes of the session were read and approved.

On motion the association adjourned to meet on the first Tuesday in June, 1868.

#### THE BANQUET.

At 10 o'clock the members of the Association, with a large number of their friends, sat down to a very elegant banquet prepared by host Mason, of the Palmer House, which, to do him justice, we must certainly say *looked* and tasted as one of the best we ever enjoyed on similar occasions. It was eclectic—a cold collation, set off by some drinks, but none that intoxicated. Fruits and delicacies of various kinds formed a delightful dessert.

The cloth was removed at 11 o'clock, and the toasts read by Dr. G. W. Pickerill:

No. 1. The Eclectic Medical Association of Indiana:

Responded to by the President, Dr. Ridgeway.

Members of the Eclectic Medical Association of the State of Indiana and guests: We congratulate you to-night and trust that you all have at heart the development of true medical science; and allow me to say that the science of medicine is an immense and grand structure, embracing within its walls the arranged and classified facts of the past centuries. The greater discoveries of the present age in means to alleviate human suffering, and the prospective—dimly foreshadowed as yet it may be—still, though dimly seen, it illumines the future with bright scintillations from those grand truths, that not only give us the means to cure disease, but ultimately teach mankind to avoid pain and sickness.

Each party, in medicine, views this structure from its own stand point. This stand point is not necessarily false, but it is incomplete and exclusive. The allopathist sees no law but that of contraries. The homœopathist sees none other than the law of similars. Both are true, yet each contends that his is the only law of cure. Like those fabled knights, one of whom beholds from his point of view a silver shield, the other from his point a golden shield, they dispute and have recourse to arms. A friend, whom I take to be an eclectic, on seeing them prostrate and bleeding, and discovering the cause of the quarrel, says to them: "Most gallant knights, before you quarrel again, look on more than one side of the question. The shield on one side is silver, but golden on the other."

The spirit of party ill accords with their being men in search of true science. But a liberal eclecticism judges with equity and benevolence all the different schools in medicine. This spirit will tolerate their inevitable diversities, and accept from them what each may possess of the good and true, and neglect whatever in them is false and hurtful. This eclecticism will also enable us to distinguish the good and true from the errors with which it is mingled, and assist us to deduce from the study of systems, their strifes, and erect upon their ruins a system which will ultimately be proof against criticism—the true science of medicine itself.

2. The city of Indianapolis.

Responded to by General Macauley.

3. The ladies.

Responded to by Dr. Prunk.

4. In memory of Lincoln—the preserver of American liberty.

Response by Dr. G. W. Pickerill.

5. The Grand Army of the Republic.

Response by Captain E. F. Ritter.

6. Our educational institutions—the hope of the Republic.

Response by Professor G. W. Hoss.

7. The Science of Medicine.

Response by Dr. Mitchell.

8. The Press.

Response by Hon. H. C. Newcomb, of the JOURNAL.

9. The Eclectic Medical Colleges.

Response by Professor Judge, of Cincinnati.

10. The Northwestern Farmer.

Response by Dr. T. A. Bland.

11. The physicians of Indianapolis, our worthy hosts.

Response by Dr. C. G. Bartholomew.

The party dispersed just after midnight, evidently pleased with their interviews on the occasion of their annual meeting.



## DIFFICULT SURGICAL OPERATION.

Dr. O. E. Newton of Cincinnati, being called to our city on professional business, performed while here an operation for cancer of the breast and the glands under the arm upon a woman who had suffered much with the disease. The *Standard*, Uniontown, Pa., where the operation was performed, thus speaks of it.

The cancer was of long standing, and had involved the entire breast and glands under the arm.

"We understand that the Doctor did not in this case, nor does he ever perform the old operation; that is, the 'Flap operation' and healing by 'First intention;' but by the 'Circular operation,' removing the entire breast, and healing by the 'Suppurative process.' This one being entirely different from that which is usually performed for cancer of the breast.

The reason the Doctor assigns for preferring the last operation to the first named is, that his experience proves that a very large proportion of the cases treated by the latter operation are successful, or result in a permanent cure—while statistics show that a cure is rarely claimed for the first; which is the one performed generally by the surgeons of the day.

We learn that the doctor has returned home, and the patient is now doing well in the hands of her physicians here."

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TRICHINOSIS.—A committee appointed by the Medical Society of Vienna, and composed of Professors Klob, Muller and Wedl, has just published a long report on trichinosis, in which the startling fact is asserted that the real source of infection lies entirely in the rat, in which the malady is spontaneously developed, and which communicates it to the pig. In Moravia, eighteen out of forty-nine rats examined were trichinized, a proportion of nearly thirty-seven per cent. In lower Austria the proportion was not more than four per cent., and in the environs of Vienna about ten per cent. The report confirms the fact that trichinosis may be transmitted by food, from the rat to the rabbit, from the rabbit to the fox and hedgehog, from the rat to the pig, and from the pig to the rat. Even the calf may be infected by being fed with the flesh of the trichinized rabbit. What is worse still, the larvæ of flies feeding on infected meat will transmit trichinosis to rabbits, provided the larvæ come fresh from the infected substance, for if a certain time be allowed to pass, the trichines soon die in the digestive tube of the larvæ. It is important to notice that the report distinctly confirms the innocuousness of trichinized meat when thoroughly salted, smoked, or boiled, the latter process being by far the most efficacious. Meat roasted for three quarters of an hour is safe food; boiling requires a whole hour.

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## CONFIRMATION OF M. VILLEMIN'S EXPERIMENTS OF THE INOCULATION OF TUBERCLE.

Dr. Lebert, Professor at Breslau, has been trying the experiment of introducing tubercle into the system by subcutaneous injection. The amount introduced varied from 50 centigrammes to a gramme, diluted and triturated with distilled water. The nape of the neck was the spot chosen for injection. The experiments were made with Guinea pigs and rabbits, and both gray and yellow tuberculous matter were employed, as well as liquid from a cavity. The result of his experiments was the find-

ing of tubercles not only in the lungs, but in the liver, the spleen, the pleuræ, the pericardium, and the whole lymphatic system. Microscopic examination demonstrates the identity of these tubercles with those of man.

DEATH OF SIX CHILDREN FROM THE MILK OF A HYDROPHOBIC COW.—The *Madison (Wis.) Journal* gives the following particulars of a strange case of hydrophobia which occurred in that State:—Some six or seven years ago a mad dog went through the village of Waterloo, Jefferson county, and bit a number of animals. Among others it snapped at the leg of a cow belonging to Mr. Babcock. The animal was examined, but no mark was found upon it, and it was supposed that it escaped being bitten. The animal was afterward sold to a man by the name of Garrison, who used her milk very freely, as did two of his children. Some of the neighbors, including Mr. Drew's family, were also supplied with the milk of this cow. At different times during the time since the cow was bitten, there has been inexplicable and fatal sickness among those using her milk, and two of Mr. Garrison's, two of Mr. Drew's, and two others, have been attacked with spasms, and died in great agony. The mystery of this sickness was solved by the death, with every symptom of hydrophobia, a short time ago, of the cow so slightly bitten seven years ago, and in whose system madness had been latent ever since. The case is a singular one, and worthy the attention of scientific men.

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#### FRENCH JUSTICE.

Under the title of Lorraine Jurisprudence the *Union Médicale* gives the singular result of a suit by a physician for the recovery of professional fees properly due him. The patient said, "I called in the physician but once; I owe him then for only one visit; if he came often, it is because he wished to do so. He cured me, it is true, of a very grave disease which prevailed in my village as an epidemic; on many occasions he cauterized my throat, to stop a mortal disease—all this is very true; but I did not ask him to do it, and I won't pay him except for the first visit." The unfortunate doctor lost his case, and in addition had to pay the costs of Court.

On another occasion the judge required the physician to prove by witnesses that he had been frequently called to his patient; and on his refusing to produce such evidence, the case was decided against him, without any evidence from competent persons as to the fairness of his charge being admitted.

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#### W. BYRD POWELL, M. D.

The greater portion of the medical as well as scientific men throughout this country as well as Europe are more or less familiar with the writings of Powell. He was a distinguished physiologist and medical philosopher, long a professor of physiology and its allied sciences in the medical schools of the Western and Southwestern States, born in Bourbon Co., Ky., Jan. 8, 1799; died at Cincinnati, O., May 13, 1866. His father, a native of Orange County, Va., was one of the early pioneers in the settlement of Kentucky—a man of great resolution, energy and vital force; and in his early childhood and youth the future philosopher was subjected to the hardships of the pioneer life in Kentucky. In 1800, his father removed to Shelby County, and in 1808 to Kenton County, opposite Cincinnati, where he spent the remainder of his long life. He became wealthy in a

few years after removing to that County, and his eldest son, the subject of this sketch, manifesting a taste for study, entered Transylvania University, at Lexington, Ky., in due season, and graduated there in 1820. He immediately entered upon the study of medicine, under Professor Charles Caldwell, one of the most eminent physiologists of the day, and graduated at the Transylvania Medical School in 1823. After practising his profession for nearly two years, he visited Philadelphia, and attended the lectures of the University of Pennsylvania. He had at this time become greatly interested in physiological studies, and especially in the physiology of the brain and the doctrine of the temperaments, with its relations to health and disease; but felt painfully the need of further light on the subject. The visit of Spurzheim to this country about this time, and his new discoveries of phrenology, indicated to the young Kentuckian the direction in which he must proceed to attain a full comprehension of his subject. Without adopting all of Spurzheim's views, he commenced a careful study of the brain and its functions, with special reference to the different temperaments indicated by the various forms of the naked crania, and the indications to be ascertained from it in relation to the vital force and longevity of the subject. These studies were carefully and persistently prosecuted for the next thirty years or more. In 1835 he was appointed professor of chemistry in the Medical College of Louisiana, which position he held for several years. In 1836 he announced his discovery that the human temperament could be read from the crania alone, without the adjunct of hair, eyes, flesh, or even the remainder of the skeleton. This announcement excited great opposition, and Professor Caldwell, his former preceptor, as well as many other medical philosophers, denied that it could be accomplished, but he demonstrated the fact so conclusively that his opponents were obliged to acknowledge it. He now set himself the task of collecting as large a number of crania, representing the different tribes, races, nations, and temperaments, as possible, with a view of illustrating as thoroughly as possible his doctrine. For this purpose he commenced in 1843 a tour among the different tribes of Indians in the western portion of the continent, studying their habits, manner of life, dispositions, longevity, etc., and procuring the skulls of the chiefs and distinguished warriors. He spent three years among them, and, adopting their dress and manners in order to ingratiate himself with them, and secure the purposes of his investigation, for this act he was regarded by friends as insane. In 1846, however, he returned to the States with a complete collection of crania, which by subsequent efforts he increased, till at his death his museum contained over five hundred skulls, representing, in even greater completeness than the late Dr. S. G. Morton's collection, the crania of most of the nations of the globe.

In 1847 Professor Powell obtained from the Legislature of Tennessee a university charter for an institution called "The Memphis Institute," and in 1849 assisted in organizing the law, medical, and commercial departments of his new university. In this university he occupied the chair of cerebral physiology and medical geology. In 1851 he returned to Covington, Ky., and prosecuted his investigations with increasing industry. In 1856 he was appointed to the chair of cerebral physiology in the Eclectic Medical Institute of Cincinnati, and lectured there for two or three years. In May, 1866, he was chosen Emeritus professor of cerebral physiology in the Eclectic Medical College of the City of New York, but he died before he had an opportunity to lecture there. In his "Natural History of the Human Temperaments," published in 1856, Professor Powell announced his discovery some years before of a measurement indicating infallibly the vital force, and also the signs of vital tenacity. These dis-



coveries were not only interesting and easily verified, but they were of great importance in their bearing upon the chances of life and health in individuals. Another discovery, which he had verified by extensive observation, was that of the laws of temperament as affecting marriage and the vitality and sound mental condition of progeny. He announced boldly that there was an incestuous union of similar temperaments, where there was no blood relation, as productive of serious injury to the physical, mental, and moral condition of the offspring, as marriage within near or prohibited degrees of consanguinity. Several papers upon this subject have been published in the Eclectic Medical Review and other periodicals. He was a very frequent and always welcome contributor to numerous scientific and literary periodicals throughout the country. Besides his work on "Human Temperaments," to which we have already referred, he was a joint author with Dr. Robert S. Newton, of two volumes, one entitled "The Eclectic Practice of Medicine," the other "An Eclectic Treatise on Children." Both have had a large circulation. In his will Professor Powell bequeathed his head to his friend and literary executor, Professor Keckeler, to be preserved with his collection of crania. His body was buried in Linden Grove Cemetery, Covington, Ky. He was an honorary member of numerous scientific societies, both in this country and Europe.

At this time his peculiar doctrines are receiving special attention, and no doubt it will require only a few years of careful observation to convince the intelligent of the truth of the same.

He was one of the greatest medical philosophers that America ever produced. An incident that occurred at the time of his death fully illustrates his devotion to his peculiar and all-important doctrines and discoveries. Taking a small photograph in his hand, he held it up and described fully the traits of character and the temperament there represented in connection with his discoveries, and said, "When I am dead and gone, the intelligent portion of the human family will learn and appreciate the importance and the benefit to be derived from the great discoveries I have made."

In his death our school, the medical profession, and the great field of science have sustained an irreparable loss. We can only implore his followers to improve the opportunity they now have of fully studying his philosophy from his written works and general observations.

ROBERT S. NEWTON, M. D.

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## OBITUARY.

DIED.—At Richmond, Indiana, on the evening of the 17th April, of chronic bronchitis, MARY SANDERS, mother of Prof. J. MILTON SANDERS, of the Eclectic Medical College of New York, aged 78 years, 11 months and 6 days. The editor of the Davenport (Iowa) Gazette, in speaking of the death of this venerable lady, says: "The deceased crowned a long and useful life with the glories of a symmetrical Christian character, and was gathered home as a shock of corn fully ripe."

On Wednesday evening, March 5, 1867, at Miamitown, Ohio, after a protracted illness, Dr. HIRAM COX, long a resident of Cincinnati, O., aged 68 years, 3 months, and 10 days.

Dr. Cox was a member of the first Faculty of the Eclectic Medical Institute at Cincinnati. He was one of the men who worked hard to elevate the medical profession by industry and a correct life.



AMERICAN  
ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

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ORIGINAL COMMUNICATIONS.

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Surgical Papers, No. 2.

BY PROF. ROBT. S. NEWTON, M. D.

OPERATIONS FOR HARELIP.\*

HARELIP has been a common deformity in all nations, and during all past time. Its successful repair has been left for the accomplishment of modern surgery.

I do not propose to go into a history of the many causes which may give rise to this congenital deformity, though there is no doubt of its being a product of maternal sympathy. Very much discussion has been elicited on this point, but I imagine that the above position is now very well established.

Mr. S. D. Anderson and wife, of Rainsville, Illinois, visited me, having with them three children, all afflicted with harelip. Neither of the parents, nor any of their ancestors, had been thus troubled; notwithstanding which Mrs. Anderson had given birth to five children, three of whom had harelip. Two died; and the remaining three were brought to me for an operation—the eldest, a boy twelve years of age; the

\* From my Surgical Note-Book.

second was a girl four, and the third an infant, eight months old. The parents and children were all in a healthy condition. The mother states that she was frightened, when pregnant with her first child, the consequence of which was harelip in the child; and that her constant regret and sympathy for him had produced the malformation in her subsequent children—each adding to the horrible feelings with which she was troubled, and thus more surely inducing it in the next.

In operating on children, it is found difficult to keep them under the influence of chloroform, and I am of the opinion that it should be dispensed with in children under ten years of age, unless the constitution is very delicate. In the cases above referred to, I administered chloroform to the eldest, and experienced more trouble in operating on him than in both the others, notwithstanding their youth.

Quite a variety of harelip is met with; in fact, scarcely two cases are the same in all respects. In some, there is but a single fissure; in others it may be double; and, very rarely, there may be three. Again, it may be short, or it may reach up into the nostril; the soft palate may or may not be fissured; and so the bony palate may have one or two fissures, or none. The maxillary bones may or may not be contorted. The incisor teeth may be displaced and curve outward, or they may be natural; they may shoot out in the cleft, or to one side. Bony excrescences may or may not interfere with the perfect closure of the parts. In short, it is rarely that we find two cases exactly alike, and, of course, the exact process of operating will accordingly vary.

One of the first considerations is to properly prepare the bony rim over which the lip is to be united. If the incisor teeth have been developed, it will generally be advisable to remove them at once, and if the alveolar process has curved outward, it will be best to remove so much as will prevent any unseemly prominence after the wound has been healed.

If there is but one fissure, and it not extending into the nostril, nothing will be more simple than the necessary operation. There is, in the first place, a choice of instruments,

and upon this point very much depends. Mr. Butcher, Surgeon to Mercer's Hospital, Dublin, who has published a very excellent work on the subject of harelip, prefers the scissors to the knife—a view from which I decidedly dissent. My objections to scissors are, that they most always contuse the surfaces through which they pass, from the very nature of their construction. Were it possible to get scissors with scalpel blades, this objection might be obviated; but, as such an instrument is out of the question, we must prefer the knife, if we seek the best and most appropriate instrument.

I am greatly surprised that so good a surgeon as Mr. Butcher should thus recommend the scissors. The more the edges of the wound are contused, the less perfect will be their healing or union. And this fact alone would prejudice me against the use of the scissors, when a good knife was to be procured. Again, the incisions should come to an acute point, which is not to be accomplished by scissors. If the point is not acute, when the union is effected there will be an uneven cicatrix, which need not follow the operation where a good knife has been used.

The knife should be thin, delicately pointed, with the point in the centre, and the blade thin, and the edge smooth—in the finest order. There should also be provided three harelip pins, or small needles will answer, the points of which may be broken off after they have been inserted. Supposing the case to be a single-fissured harelip, the surgeon, having first removed any teeth, or long eminences, which may be in the way, dissects the lip from the bony surface below for a short distance around the edges to be pared. Standing over and behind the patient, who, if over ten, shall have been previously etherized, and fixing in his mind the line of the incision, he introduces the knife, and thence passes it smoothly down to the end of the fissure, slightly curving his incision, so as to give rather a convex than a straight surface, and by no means a concave one. Many very excellent operators introduce a thin wooden spatula between the lips and the bone, and cut down on it. I think, however, that the under surface is thus always

somewhat contused, and hence I prefer to dispense with it and make my incision from the apex to the base of the fissure. This incision should be made on both sides, of course, paring off only enough to bring the surfaces in exact union. The assistant will compress the coronary artery, so as to stanch the incidental hemorrhage. The surfaces having been cleaned, and put in exact union, the surgeon then introduces a pin (the lowest), which should be made to dip down under the coronary artery to guard against hemorrhage; and in like manner, after it has been tied, the other two should be introduced, each dipping down nearly to the mucous membrane, so as to prevent a gaping of the fissure on the internal surface. The sutures having been arranged, strips of adhesive plaster are placed over them, extending to the middle of each cheek, and firmly drawn together. This will prevent separation in consequence of crying, or other movements of the parts by the child. If the patient be under ten, it must be rolled in a sheet so as to prevent its struggles. The fissure of the soft palate is united much in the same way, except that stitches are substituted for pins. The bony cleft may be improved by a subsequent operation, but generally, if the patient is young, the constant pressure of the lips will nearly close the cleft. The children above referred to were thus operated on, the straps and dressings not being interfered with till the end of the fourth day, when the pins were removed and straps applied. At the end of eight days all were discharged cured.

Where the harelip is double, of course the operation is double, and somewhat more difficult; yet the principle is the same. It is a question among surgeons whether one or both fissures in such cases should be operated on at the same time. I am governed very much by the character of the particular case in hand.

The fissures are never on the median line, and often extend up into the nostril; but no matter how far up, the edges should be pared and the surfaces united. The chief object of the surgeon is to remedy the deformity, and his judgment must, in a measure, direct him to the attainment



of the end. The deformity of harelip is a very disagreeable one, and I hope that, of the next generation, none will be suffered to grow up without seeking to remedy it. The judicious and skilful surgeon need never fail in the operation, unless the parts are positively torn asunder, or some equally unexpected accident should befall the patient. It, however, requires care and skill to leave only slight traces of the previous deformity. I have operated on many patients from different parts of the country, and I am decided in commending to the profession this plan of operating.

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### Marriage of Kindred.

BY ALEXANDER WILDER, M. D.

IN his notice of my paper upon conjugal alliances of kindred, Dr. L. P. Brockett dissents from an inference of mine from his report on idiocy. I had the misfortune to lose a copy of that pamphlet before having the opportunity to read it carefully, and therefore was compelled to rely upon my remembrance of a cursory perusal. I have no doubt that I was not quite correct.

In regard to the main subject at issue, whether marriages of blood-relations have a tendency, *per se*, to produce deterioration of race, he has not quite disposed of the hypothesis which, I apprehend, underlies the whole matter—that whenever consanguinity of parents has been attended with deformity or other unfortunate sequence, the real source of evil lay in an ulterior principle which had been contravened. If Dr. Powell's theory of physiological incest is correct, we have, perhaps, a solution of the problem. But as further observations ought to be taken before propounding it dogmatically, I must, until shown to be in error, adhere to my conviction, that hybridity is the root of the mischief.

The “careful tables of the American Asylum for the Deaf and Dumb, now collected for fifty years, and the Asylum for the Blind in Philadelphia for forty years,” though indicating that congenital blindness and deaf-mutism are “more fre-

quent in children of consanguineous parents than in any others," fail, nevertheless, for this very reason, to be conclusive. There was probably in those examples generally a taint in the blood, which, being propagated, eventuated in these unfortunate results. At least, nothing more appears to have been proven. It should be shown that in lineages where no hereditary tendency to disease existed, it had been developed under circumstances showing that the consanguinity was the source of mischief. The examples quoted by Doctor Brockett in the *Review* of August seem rather to illustrate the soundness of Dr. Powell's theory than the incorrectness of my opinion that mongrelism, being itself abnormal, is the chief objection to alliances of kindred.

When remarking that "the commonly received opinion of all ages is against" the *dictum* of Doctor Child, that "the internarrriages of blood-relations have no tendency, *per se*, to produce degeneration of race," Doctor Brockett uses far too strong language. I think that it can be shown that there has been no such "commonly received opinion," except in countries where ecclesiastical law has attempted to regulate the matter. The Roman Catholic church assumed the prerogative to forbid such marriages as incestuous, and added to them all matrimonial alliances with kindred of husband or wife in similar degrees. It was considered as wicked to marry the brother of a deceased husband or the sister of a dead wife, as to wed an own brother or sister. In 1540, in the reign of Henry VIII., the prohibition was removed in England by the Marriage Act. Religious persons very naturally regarded this legislation as authorizing connections which the church, and of course God, had forbidden. Regarding the matter from the theological point of view, they were naturally inclined to attribute any ill sequences of such alliances to the special judgment of Divine Providence. It would be easy for a prejudice to be thus created, which might afterward, when scientific investigation came into vogue, lead men to infer that a law of nature had been violated. But this by no means establishes conclusively the supposition thus formed.

Among many races of animals, observation would seem to show that close-breeding does not of itself produce deterioration. The horse and the ox do not appear to degenerate from that cause. Birds, from eggs of the same litter, pair together, both in the wild state and in the domestic. Throughout the animal creation, except where hybridity or other abnormal conditions have intervened, this may be regarded as the common rule. If any conclusion is warranted from these premises, it must be that consanguineous alliance is the law of nature. To a law so universal, the human kingdom can hardly be considered as forming any just exception.

The examples cited in the Bible certainly indicate that what attention was paid to this matter was often in the adverse direction to the modern notion. However indefinite the meaning of the Hebrew terms translated "brother," "sister," "son," "daughter," "father," and "mother," it will require more torturing than "every biblical scholar" is capable of giving to the text, to controvert this. I waive the genealogical records of the Tenth of Genesis and the First Book of Chronicles, and, not having a Syriac Bible or a Septuagint by me, will, of necessity, confine myself to the Hebrew and our English translation. These show me, however, that while intermarriage with foreign nations of alien blood was regarded by the Israelites as a sin, there was incontestible evidence of "frequent intermarriage of near relatives" previous to the destruction of Jerusalem; and as for the consequences, Dr. Brockett himself declares that, "*up to that period, they were the first nation, physically, of the Orient.*"

To demonstrate what I have assumed, I will quote from the translation of Rabbi Lesser, of Philadelphia. Abraham having been rebuked by Abimelech for denying his wife, the patriarch replied (Genesis xx. 12): "And yet, indeed, she is my sister, *the daughter of my father*, but not the daughter of my mother; and she became my wife."

On the occasion of the destruction of the cities of the plain, Lot and his daughters having escaped, and there

being no men except aliens with whom they might be allied, the two maids agreed together, "and both the daughters of Lot became with child by their father." (Genesis xix. 30-38.) There was no monstrous birth recorded from these acts of theirs.

Abraham, having become old, called to him his servant, "the eldest of his house," and made him swear as follows—Genesis xxiv. 38—"Thou shalt go unto my father's house, *and to my kindred*, and take a wife unto my son." The servant accordingly went to Mesopotamia, and took Rebekah, whose parentage is thus given (chap. xxii.): Nahor married Milcah the daughter of his brother Haran, and they became the parents of Bethuel, the father of Rebekah and her brother Laban.

When Esau and Jacob, the twin sons of Isaac and Rebekah, had grown to manhood, they also married wives of their kindred. Esau took Machalath or Bashemath, the daughter of Ishmael, his uncle; while Jacob "went into the land of the children of the East," and wedded Leah and Rachel, the two daughters of Laban, his mother's brother.

Perhaps it was not necessary for me to cite these examples anew, as Doctor Brockett has not attempted, even by the aid of "biblical scholars," to controvert them, except by the loose remark that "they often indicate only relationship." I now proceed to the case of Amram and Jochebed, the parents of Moses. The first verse of the second chapter of Exodus reads thus: "And there went a man of the house of Levi, and took a daughter of Levi." The sixth chapter has the following: "And these are the sons of Levi, according to their generations, Gershon, and Kohath, and Merari. \* \* And the sons of Kohath, Amram, and Izhar, and Hebron, and Uzziel. \* \* And Amram took him Jochebed [his aunt] for wife; and she bare him Aaron and Moses." The book of Numbers, chapter xxvi., verse 59, reads as follows: "And the name of Amram's wife was Jochebed, the daughter of Levi, whom her mother bare to Levi, in Egypt, and she bare unto Amram, Aaron and Moses, and Miriam, their sister." These passages appear to be pretty



conclusive, in spite of the Septuagint and Syriac versions, that Jochebed was "more than a cousin or second cousin of her husband." Rabbi Wise describes her as "Jochebed, the wife and aunt of Amram, the son of Kohath, the son of Levi, the son of Jacob."

A more striking example is also afforded in the thirteenth chapter of the second book of Samuel. "Absalom, the son of David, had a fair sister, whose name was Tamar; and Amnon, the son of David, loved her." To the solicitations of her fraternal lover, the young woman replied: "No, my brother, do not violate me; for such a deed ought not to be done in Israel. \* \* \* But now, oh speak, I pray thee, unto the king, for *he will not withhold me from thee.*"

2 Chronicles xi. 18, 20: "And Rehoboam took himself to wife, Mahalath, the daughter of Jerimoth, the son of David, and Abihail, the daughter of Eliab, the son of Jesse." "And after her he took Maachah, the daughter of Absalom." Two first cousins, and one further removed. Abijah, the son of Maachah, succeeded to the crown, and was an able sovereign.

Whether the Hebrews have developed any greater tendency in more modern times than of old to scrofula and phthisis, and to cutaneous diseases, is by no means certain. According to Manetho, the men making the exodus from Egypt were severely afflicted; and the fourteenth and fifteenth chapters of the book of Leviticus indicate that "leprosy" and "running issues" were not unknown.

The prevalence of scrofula and other diseases in the reigning houses of Europe can probably be referred to debauchery. The time is not many centuries distant when syphilis was regarded among them as an epidemic, from its general dissemination. It is not difficult, therefore, to account for any amount of insanity, imbecility, and moral depravity and degeneration, outside of the accident of matrimonial alliance. This remark may apply to the house of Hanover, which was the subject of "rather unfortunate" allusion: I am aware, however, that this unlucky dynasty inherited also the evils of hybridity, being descended of the Italian house

of Este and the Stuarts of Scotland. About all that I have claimed for them, however, was improvement, and that chiefly in the later period after consanguineous marriage. The four Georges, I believe, did not spring immediately from such alliances; and with all their vices and diseases, the House of Hanover has displayed great vitality and numerous instances of longevity. From 1711 till 1867, but six monarchs have occupied the British throne, while during that period the dominion of that government has extended to every climate and longitude.

As truth, rather than the successful establishing of my own opinion, is my object in this discussion, I will not extend this communication. The topic which it embraces involves a law vitally important to the future of the race to which we belong. Our country is receiving a heterogeneous population from Europe, thus exposing us to the evils of numerous communities of diverse stocks, antagonistic to each other, or to an intermarriage which may produce an imbecile and mongrel race, like the inhabitants of the Spanish republics, and several of the countries of Southern Europe. Thence may yet arise one of the greatest dangers to our commonwealth.

NEW YORK, 222 West 34th Street, August, 1867.

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Exostosis with Sub-Ungual Fungosity of the Finger and Toe, also Treatment for Onyxia.

BY EDWIN FREEMAN, M. D.,

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This disease begins in the dorsal surface of the ungual phalanx of the finger or toe, and either at the border or it may be at the middle of the nail. It lifts up the nail, from beneath which a fungous growth, from the matrix, springs out red, fibrous, covered with rugosities and generally purulent.

It is exceedingly painful, and is exposed, from its location, to being constantly hurt. The nail is pressed up, sometimes to nearly a right angle, to the dorsum of the phalanx

from which it springs, and becomes long, hard, and black. It is so painful a process that no attempt is made to pare it.

Several years ago I was requested to see a young lady, who had been suffering excruciating pain in her little finger for a long time. She had consulted several eminent surgeons, with no relief, but she had been told that she must submit to an exsection of the nerve, in the finger or in the fore-arm. Her sufferings were at times intense, both day and night. I found the condition of the finger to be that just described. I explained the nature of the difficulty, and told her that she could be permanently cured by an operation for the removal of the fungosity. After putting her under the influence of chloroform, I pushed the sharp point of a strong scissors under the nail to the root, and split it, and jerked out the pieces of nail. I then cut off the fungus with a scalpel, and with strong cutting pliers cut off the extremity of the unguis phalanx, so as to get rid of the nidus of the disease. After cleansing the wound, I applied lightly to it the chloride of zinc, while she was still under the influence of chloroform. On recovering, she was directed to keep it poulticed well with Pulv. Ulmus Fulv. until the contused portion had sloughed and had begun to heal. She was then to dress it with Basilicon ointment or simple cerate. She got well, had no pain after the wound had healed, and was forever rid of that form of suffering.

Latterly I operated on a great toe in the same manner, except that I used the local anaesthesia, with ether spray by Richardson's apparatus. The young lady, who had been a great sufferer, confined to the house for a long time, and scarcely able to step on that foot, was thoroughly and completely cured, and able to wear a shoe and do as she formerly did before being so afflicted. I think it useless to merely cut off the fungosity without getting rid of the bed of it in the bone. My treatment for onyxia on in-growing nail is that recommended by Prof. B. S. Hill in his work on surgery, which has been successful in very severe forms of that disorder. The toe is to be soaked for half an hour at a time, twice a day for several successive days, in strong ley

made of wood-ashes, and after each bathing a little Sesqui-Carb. Potassæ introduced into the fissure of the in-growing nail. It is then to be poulticed with Pulv. Ulmus Fulv. When the inflammation becomes well reduced by this treatment, a little cotton or lint, well smeared with Meyer's ointment, should be crowded into the fissure and under the edge of the nail so as to raise the nail up at its border, and also to press the matrix towards the centre of the nail, thus liberating its border. It should be repeated every day. The border should then be pared, and the toe will soon be well.

NEW YORK, No. 29 Amity Street.

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Encysted Tumor (Multilocular) of the left Ovary. Adventitious Attachment to the Uterus. Autopsy.

BY A. W. RUSSELL, M. D.

ON the 23d day of May, 1867, Margaret A., wife of Mr. George H. Lester, of Albany, N. Y., departed this life after an illness of two years, under the following circumstances. Mrs. L. died of an encysted tumor of the abdomen. Age, 38 years; diathesis, scrofulous; hair, dark brown; eyes, light blue; complexion, fair; disposition, cheerful. Usual weight, 125 lbs.; height, five feet eight inches. Had been twenty years married, and was the mother of five healthy children. Her health was generally good until about two years ago. The symptoms, at first, were not remarkably painful or severe. There was a general prostration of the system, constipation of the bowels, derangement of the kidneys, and appetite variable. She complained much of a bad taste in her mouth, and a disagreeable derangement of the stomach. When we were first called, the menses had continued slightly for two months, interrupted only by severe vaginal leucorrhœa. She was not confined to the bed, but as she had pains at times very much like labor pains, it was thought best that she remain in a horizontal position, which she did most of the time for several weeks. By a gradual enlargement of the abdomen, derange-



ment of the digestion, protrusion of the navel, and an enlargement resembling the head of a foetus, which could be plainly felt, a little below and to the right of the umbilicus, she considered herself between five and six months pregnant. With all these and other symptoms indicative of it, I confess that the conviction forced itself upon my mind that my patient was really and truly *enceinte*. The enlargement continued to increase, and the tumor, which so much resembled the foetal head, after two weeks, was found more prominent, and occupying a position on the left of the linea alba, in the same relative position with the umbilicus as before. Subsequently, two other physicians of eminence, and large experience in practice, were called in, examined the case thoroughly, and both were of opinion that she was pregnant. Thus matters stood until in the eighth month of her supposed pregnancy, when we found by examination marked symptoms of a tumor, that was growing rapidly. Alas! what a lesson on the fallibility of human opinion. As might be expected, her situation was one of profound interest to her husband and family, as well as to their friends and acquaintances. Although they were in moderate circumstances, yet every needful attention was paid her. Physicians of all classes and schools called to see her, and considered the case one of peculiar interest. Some were of the opinion that the tumor might be removed, while others of equal rank considered it a hazardous undertaking. "When doctors disagree, who (but the patient) shall decide?" So thought Mrs. L. From the first she strenuously opposed any operation for her relief. She became a burden to herself, and a wonder to her friends. By her own request, for the benefit of those of the profession who saw her during her illness, and for the gratification of her numerous friends, a post-mortem was held soon after her decease. She died about six o'clock P. M. By the assistance of my esteemed friend Dr. Burton, the autopsy was held the same evening. The following is the result of the investigation, as per notes taken at the time by Dr. J. H. Fitch.

The main tumor had its origin on the upper and external

surface of the womb, and connected with that organ by a band the size of two fingers, and four to six inches in length. The womb itself was contracted and indurated. The os was plainly visible—the right ovary barely discernible. Of its other appendages and cavity, scarcely a trace could be found. The tumor had grown to the enormous size of 150 pounds in weight. The principal cyst, or sack, contained a fluid of a brownish color, of the consistence of strained honey, to an amount of over 14 gallons—in weight 113 lbs. The weight of the sack, after being emptied, was 37 pounds. The sides and back parietes of the tumor were from two to five inches in thickness—the front parietes was thinner—the whole consisting of cysts or cells, filled to repletion with a jelly-like substance, somewhat resembling thick starch in appearance, but very adhesive and ropy. The left parietes of the abdomen, where the adhesion to the tumor was very firm and extensive, had lost all trace of its normal structure. Like the walls of the tumor, it was made up of cells containing from one drachm to four ounces of the same jelly-like substance. Externally the abdomen was hard and unyielding, especially the left side, where its wall was from two to three inches thick. Pressure upon it was like pressing solid rubber, except that an impression would remain a long time. The right side was more natural, there being no adhesion of the tumor to it. She lived until the pressure became so great on the heart and lungs, that mechanical obstruction to respiration, producing asphyxia, was the result. Tapping would in all probability have relieved her for some weeks, and perhaps for months.

ALBANY, N. Y., Aug., 1867.

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### Irritation of the Cardiac Nerves.

[BY M. M. FENNER, M. D.

We make the following extract from this valuable paper, which was read before the Auxiliary Medical Society.—ED. R.

THE treatment of this affection is simple as it is effective. There are two principal indications to be met. 1st. Remove

the cause of the disease if it still exist, and correct any derangement of organs in close nervous relation with the heart. 2d. Exhibit specific medicine, to allay, permanently, the existing irritation of the cardiac nerves.

With reference to the first indication, if it shall be found that the disease depends upon an impoverished state of the blood, that fault should be corrected by the proper administration of the bitter tonics and iron. This accomplished, the cause will be removed, and if the disease has not already become self-sustaining, the result will be absolute recovery. So, with reference to deranged conditions of the stomach, and nervous debility resulting from sexual abuse. They must be removed by appropriate treatment. The cardiac excitement will thus always become moderated, and if too much time has not elapsed, a radical cure may be effected. And, generally, any fault in the functions of any organs should be corrected, and the system thus brought into as healthy a condition as possible. The means for effecting these ends are numerous and varied, and will readily suggest themselves to the intelligent practitioner.

The second indication is met by the exhibition of specific medicines. Several have been recently brought forward for the relief of this irritation, and are accompanied with such testimonials in their behalf as entitle them to the confidence of the profession. Among these, the *Cactus Grandiflorus*, in the form of tincture, the dose being from ten to twenty drops, three or four times a day. I have not yet employed this agent sufficiently to enable me to speak of the value of its curative powers from experience. *Pulsatilla*, *Collinsonia*, and *Lobelia*, in non-nauseating doses, are also claimed to possess specific powers over cardiac irritation. I have tried as yet only the *Collinsonia*, not having had occasion to go beyond this agent for the relief of the affection. In every instance in which I have used it, my prescription for the past year and a half has been as follows:

R. Ess. Tinct. *Collinsonia*,  
Syrup Orange Peel, *aa* ʒ iv.

Mix. Teaspoonful every four hours.

This prescription is as miraculously effective as it is extremely simple. It is pleasant to take, and improvement follows its use almost immediately. The periodical spells of faintness and oppression become less frequent, and finally subside, and the prolonged cardiac strain gradually lessens, as is indicated by the softened and returned normal action of the pulse, which rapidly assumes its force and frequency. The *Collinsonia* possesses stimulating, tonic, and stomachic properties in a marked degree, and so becomes an excellent agent with which to fulfil the first indication in the treatment of this disease, when it is complicated with or dependent upon a torpid or dyspeptic condition of the stomach. Its exhibition need not be delayed till after other abnormal conditions of the system are corrected, but it may be commenced at once and given along in connection with other medicines indicated by any complications that may be present. Out of quite a number of cases treated and cured, I have selected two somewhat aggravated ones to report :

July 24th, 1864. Was called to see Josiah W. Kiniston, of Frewsburg, æt. 18. He was a soldier belonging to the 112th N. Y. Infantry ; but, on being enlisted, was soon sent to the hospital, where he was treated for a time, and then sent home, with a recommendation that he be discharged the service of the U. S. on the ground that he had an incurable disease of the heart. He had been sick about two months before I saw him, and been treated and given up by several Allopathic physicians. He was of a slight, feminine frame, and did not leave his bed. His tongue was clean, his appetite good, his bowels regular, no headache, and slept quite well at night. His pulse steadily about 140 per minute during the day, and a trifle less at night. Had occasional attacks of syncope, fulness of the chest, accompanied by difficult breathing, which alarmed him very much. These were brought on by the slightest circumstance that excited him. Had some pain through his chest, but his lungs seemed to be sound. I diagnosed it as a case of "*excited action of the heart*," and reported it as such, which did not seem satisfactory to the medical officers of the army, and I was finally obliged to get



the interposition of our Member of Congress, the Hon. R. E. Fenton, to keep my patient right on the rolls.

I commenced his treatment as follows :

- R. Tr. Veratrum Viride,  
Tr. Aconite, āā—3 j.  
M. Give two drops in water every hour.

Apply an irritating plaster to chest, and give a pill half an hour before each meal, and at bed-time, composed as follows :

- R. Alc. Ext. Nux Vomica,  
Podophillin, āā grs. viii. ;  
Hydrastin,  
Quinia Sulph., āā 3 j.  
M. Ft. Pills lx.

A salt-water bath, followed by friction, was directed to be repeated daily, and use the following :

- R. Hypophosphite Lime, 3 j. ;  
“ Soda,  
“ Iron, āā 3 ij. ;  
Fl. Ext. Cinchona,  
“ Asclepius,  
“ Prunus, āā 3 ij. ;  
Best Gin, 3 x. ;  
Ext. Vanilla, 3 ss. ;  
Simple syrup, Oj.  
M. Ft. sol. Dose, one tablespoonful four times  
a day.

This treatment I continued about two months, increasing the sedative to six drops per hour, after the first five weeks. The only perceptible change produced was an improvement in breathing. The cardiac symptoms continued unabated. The various functions of the body continued to be well performed. I then changed the formula for the Comp. Syrup of Hypophosphite, so that it contained 3 ij. of Ess. Tr. Collinsonia to the Oj. The patient then began to improve rapidly ; he was kept on the syrup. His recovery was complete, and he remains in good health to this day.

CASE II.—Mrs. — Morrison, æt. 72; bilious temperament. Has had the disease several times during her life. Generally of good health; was called to her August 5, 1866. Had been under treatment of an eminent Allopathic physician of Randolph for two months, and had been pronounced incurable. Her attending physician had repeatedly said there was no help for her. Pulse very strong, 128 per minute, and intermittent. Suffered greatly from attacks of dyspnœa. Obtuse to external impressions, and so was easily excited. Too weak to turn in bed. Bowels moving three or four times a day from medicine she had taken. Some scalding of urine. Tongue somewhat angry. Some tenderness over the stomach. Appetite poor. Extremely emaciated.

*Treatment.*—The treatment in this case consisted of—

R. Ess. Tin. Collinsonia,  
Syrup Orange Peel, āā ̄iv.  
M. Teaspoonful once in four hours.

Liquor Bismuth, ̄viii.  
Teaspoonful every four hours.

Irritating plaster over the chest and stomach alternately. Saline bath with friction over the spine once a day.

Aug. 10.—Pulse regular, and about 110 per minute; breathing easy; has but few spells of oppression; urine scalding, and diarrhœa.

*Treat.*—Continue same, and add :

R. S. Morphine, grs. j;  
Pulv. G. Camphor, grs. iv;  
Tannin, grs. ij;  
Sach. Alb., q. s;  
Trit.; div. in chart No. viii.

M.

Take one every four hours for diarrhœa. Use nitre for scalding of urine.

Aug. 21.—Comfortable; appetite good; no unpleasant or disturbing symptoms; pulse regular, and about 80 per

minute. Has been sitting some each day. Discontinue all but the Collinsonia.

*Sept. 1.*—Has gained strength, and is now about the house ; discharged her with directions to continue her medicines for a month longer.

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On the Progress of Medicine; the Duty of the Profession; to what are we Tending? The Moral Relative Relation of Medical Men. The Importance of never Using or Prescribing Alcoholic Drinks.

BY W. S. JOHNSON, M. D.

THE ANNUAL ESSAY BEFORE THE ECLECTIC MEDICAL SOCIETY OF VERMONT, DELIVERED  
JUNE 6, 1867, AT THE STATE HOUSE, MONTPELIER.

*Mr. President, Physicians, and Gentlemen:*—Assembled, as we are, on the occasion of the second annual meeting of the Vermont State Eclectic Medical Society, let us hope that this may prove to us all a day of interest and profit—a day long to be remembered, and to be looked back upon as marking an epoch in our lives.

Before I proceed farther, let me warn you not to look for any display of eloquence on my part, as my object is rather the statement of simple and unvarnished truth. And, especially in view of the brief time I have had to devote to the subject of an address, let me beg of you all, gentlemen, to fill up the vacancies, logical or otherwise, that may occur in my train of thought, to correct my mistakes, and then to allow them to pass, never to be recalled.

I have thought that I could not better comply with your wishes than by endeavoring to show the earnestness of my desire for the promulgation of the Eclectic cause—that, in fact, of a true medical system. I have learned from the events of life to rejoice with those who rejoice, as well as to weep with those who weep ; and I would not willingly admit myself wanting in that professional zeal which takes a deep interest in each quota of scholars that our Reformed Medical Institutions are annually sending forth, to labor for the preservation of the general health, the honor and the progress of our cause, and the benefit, the safety, and the pros-

perity of the human family at large. And when I say scholars, in fact, I would be understood as meaning, not alone those in the outset of their studies, but the whole body of medical men—the associated faculty ; for every practitioner, however successful, if he aims to do his duty, is every day a learner. If he is not such, although he may think himself master of his art, and even stand at the head of his profession, yet sooner or later will his artificial fabrication fall to the ground, and he himself be left to conjecture vainly the cause.

The physician who patiently follows the line of duty is never caught in such evil snare. He does not place himself in a hazardous position, to be overthrown by any breeze of invidious feeling, to which the neighborhood of the Eclectic practitioner is but too subject. He fortifies himself against the vociferous cants of the day, by performing each day's business as though a strict report was to be made of his good and his bad deeds. And by thus qualifying himself for the ordeal of the battle his real difficulties must be lessened, and the public confidence in the man must be increased. \* \* \*

To my medical brethren let me say, the subject of our mission should ever be fresh in our minds, often occupying our thoughts, and giving rise to both painful anxieties and joyful anticipations. To such, indeed, the attention of all here should naturally be drawn, and that by the place of our assembling, the day, the occasion, and their respective associations.

Before I essay a few thoughts in connection with the mission of the physician and of the student, let me especially urge upon the latter the duty devolving upon each to get his lessons of preparation well learned before he attempts to enter upon the field of practice. Not merely a complete professional education, but study still, combined from time to time with experience, will be needful to prepare the young practitioner fully for his mission and his duty.

And I use the word *mission* in no low or contracted sense. In our profession, it is a setting forth upon a course that shall place the toiler upon the very summit of a professional reputation, or, if it do not, may sink him to the



lowest ranks of men. He who here has indeed a mission is a learner, an improver, one who every day gains something for the benefit of the suffering, for his own instruction, and for the advancement and promulgation of known truth. In itself, truth is infinite; and whatever we do to further the spread of truth, should, rightfully, promote in the future our own welfare.

By the one who has a mission in medicine, however, let us on this occasion understand one who is *master* of his profession, instead of a pupil merely; one who, though he has taken many degrees in self-wisdom, is still not so self-sufficient as to feel that he has attained the summit of knowledge; one who has not merely acquired so much of the dead languages and of technicalities, for the purpose of palming himself off upon the public as being a master in medical science, but who has as far as possible possessed himself of all manner of fruits of human thought and knowledge, and has guided his bark as near as may be to the place of the very foremost of the advancing waves of science. Nor will we understand that one who is a mere pedant, *dilettante*, literary epicure or dandy, can fill this mission; but that it requires a thoughtful, hearty, robust, full-grown man—one who feels that life is a serious affair; that he has a serious part to act in its eventful drama, and that he must do his best in his calling, in order that he may leave behind him, in the good he has done, a grateful remembrance of his having been once filling a useful place among men.

Whatsoever we attempt to do, let us do it with all our might, whether it be as physicians, naturalists, poets, moralists, metaphysicians, or patriots; let our hearts and souls, in either case, alike be engaged, and that with the fervor of religious aims and aspirations. We cannot recommend a *physician* on such score, merely, because he is familiar with Homer and the Greek tragedians—that he can make a better quotation than some other of his profession from Horace or Juvenal, or that he is a classical and literary scholar. Nor is he on such grounds to be disparaged; though these studies may, in some instances, in a degree deprive him of

that habit of natural and simple study more needed to make him a critic and a judge at the bedside of the sick, and so beneficial in the physician's vocation to mankind. Even a man coming, like Thomson, from the plough, with some insight and truth on his side, may bear his way upward and forward to success, notwithstanding that hosts of the learned or the mighty may combine to oppress him.

The physician should be a grave, earnest minded man, one who lives and labors for a high and worthy end; one who, while he pores over the past, also surveys the present, and searches out "by sea and land each mute and living thing." He should go forth with calm, serene step, and manly bearing, eliciting from human hearts such music as that wherewith of old Orpheus tamed the savage beasts, and caused the very stones to assume shape and order in the walled city. Yet all that he does should be undertaken with high and solemn purpose, and with a view to ends for which he can count it honorable to live and meritorious to die.

But what, now, is the goal to which the physician's mission should lead? I have here asked a grave question—one not to be lightly passed over, nor answered without due and careful thought. No small number of those who pass among us for physicians, answer this question in a spirit quite too low and wholly unworthy, and with no adequate conceptions, in fact, of its true scope and significance. Their course would indicate that the aim of the physician should be to create some sort of excitement, inuring to his own profit; that his visits from house to house are really only for the purpose of acquiring gain. Money may, indeed, bring consideration, at home and abroad; but wisdom alone can truly adorn.

Our object and intent, however, should be more noble than those merely of laying in this world's riches or of the gratifying of personal vanity. The end of the physician's efforts should be, not barely that he may become successful as a professional man, but that he may become a real physician—one who possesses both industry and sagacity, and

labors for the benefit of suffering humanity. Here, as elsewhere, none can say beforehand who shall be greatest. No rank, no wealth, no facilities that rank or wealth can command, will assure us a physician of high and just repute, in our affectionately cherished son. All the training the world affords may be bestowed in vain. But from some obscure corner, from some modern Nazareth, it may be, starts forth the true physician, makes his way perhaps through the crowd that closes up before and against him, baffles poverty and want, and at last stands in the serene majesty of his manhood, an acknowledged and leading physician of his day, with the patent of his nobility, however it may be certified in Latin phrase on parchment, traced first of all with God's own finger on his intellect and heart!

The physician should stand out from and above the mass, a prophet to instruct and inspire the people. He cannot join with the multitude, and suffer himself to be borne blindly and passively along by the pressure. But do not mistake me. He is not one who stands above the people, and looks down upon them with contempt. Rather, he should have a deep and abounding love for mankind, such as commands him to live and labor, and, if need be, to suffer and die, for their physical redemption and elevation. He will never forget that, as well as their instructor and guide, he is also their minister and servant. He will believe, and act on the belief, that in many things there is a standard of truth, wisdom, and virtue that is *above* the popular conviction; and that, to such standard, duty in fact requires that both he and the public should conform. Thus, he may be called to resist the popular current, and to brave popular opinion, wherein he believes it to be wrong or mischievous, or to run counter to the interests of individual health or general well-being,—and to do thus, be the consequences to himself what they may. And thus his duty is completed, in that he makes himself responsible, to the full measure of his ability, not merely for the bodily health, but also for the practical wisdom and right conduct, of the community at large.

Here, then, is the law that must govern the wise and worthy practitioner of the medical or healing art. He must, so far as falls to him, labor to lead public opinion everywhere aright, and to correct it where it is wrong. And, keeping this principle in view, we can, without difficulty, comprehend what is the physician's special province and duty. His work is now marked out; and not less, the evils he is to withstand and remedy. But physicians should beware, and not deceive themselves: those evils cannot be lightly avoided and remedied by going back to any prior state of things or of society. We should look back upon past errors, and endeavor to profit therefrom; but how much soever we may regret that the past has gone, even if it should have left us nothing better, nothing so good, there would still be no going back. Yesterday never returns. Therefore it becomes necessary to accept what is, and to make it the stepping-stone to something better. Nor is the evil likely to be remedied by setting one's self to work "with malice aforethought," with a view to establishing forthwith some state of things apparently more rational or agreeable. Rather, it may be done by taking high and noble views of professional duty and responsibility, by our ascertaining what should be our special work in the general progress of our kind, and then going forth and doing it—if with the public approbation, well and good; if without that, then making the best of it possible. For, let us remember that it is not for our own advantage and pleasure that we are educated physicians, and are to live and perform the physician's labor.

I am compelled to think that, to some extent, the medical profession of both schools has fallen into disrepute. And why is this? In a degree, it is the result of our own doings. Our partial, and as yet in part unavoidable ignorance; our professional disagreements; our pretences to be, each of us, better than others; our never speaking well of any but ourselves; our sometimes open quarrels; our assumptions of infallibility, though daily, for filthy lucre's sake, dealing with matters of doubtful certainty, if I may be allowed the expression; our errors in various ways; and the



high, lofty, and proud appearances put on toward each other by the rival schools—these are among the things that have caused the public to regard us with no friendly eye. For it has come to be believed that too many of the young men who educate themselves as physicians, do so not in order that they may better serve the people, but that they may the more easily, and in a more respectable way, get their living out of the people. Let us, then, I beseech you, my medical brethren, unite our forces, and strive to redeem from this foul reproach the character of our profession. Let us devote ourselves to the progress of our cause and of our race—to the moral, intellectual, and social elevation of all men, and especially of the humbler and more numerous classes. In so doing, we shall perform our duty, magnify our profession, do honor to our country, and, we may hope, receive the approbation of our God.

Man was made for growth. The whole creation is progressive; nothing stands still—nothing remains where or what it was. All things flow on, like the current of a mighty river. Man's destiny is to move on with this current. The end of man here, let us then say, is progressive growth—to be forever approaching what is better, to be learning, and acquiring information for the public benefit; though it is not necessary to forget that, in doing positive good to others, we do good to ourselves also.

Even though there be but few of us, no less urgent is the demand that we do our duty; and this duty involves a multitude of particulars. We should watch over both ourselves and our people. Even in case of the infants and young children of families in which we practise, we should see to it that, if possible, they shall grow up strong and healthy; that the osseous framework is being firmly knit together; that the muscles are firm and flexible; that the hair, nails, and teeth develop and grow well; and that all the high functions of life move on vigorously and in harmony with each other. We should, in fact, watch over every member of a family under our care, and inform them in each case of approaching danger. An aged physician once

said to me, that he considered it to be his duty to keep watch over every inmate, parent and children, of a house in which he was a medical adviser.

Many physicians of our day consider it their duty not to use calomel, nor indeed mercury in any of its preparations. On this point I need say but little here. Professor Rush has called calomel the Goliath of medicine; and, seeing the havoc and devastation it has made among the inhabitants of the world, we can believe that he so named this medicine from its power to destroy. \* \* \*

Members of the Medical Society! you are the heroes who should finish the work that those going before you have begun. Seek to do this, as far as practicable, without the intermixture or combination in your remedies of alcoholic liquids. Remember that the taste for alcohol once formed, tends to debauch the morals, to destroy the intellect, to impair the health, and, if excessively indulged, to render one's acts disgusting to those in sober and temperate habits. You all know the dreadful results which alcohol may accomplish.

A few words more, and I close. The present age is prolific in new discoveries, and not least so in medicine. Thomson became the founder among us of a new system—that of Botanic Medicine—and brought it before the American people. He was naturally a man of great strength of mind.

Here, then, is a starting point. For ourselves, let us examine all new systems with unprejudiced feeling, extracting the good for our own use, and leaving what is worthless. This the inquiring spirit of the age demands of us; even as it also rejects the doctrine that assertions from high places are the *ne plus ultra* of truth. It demands evidence, demonstration, sound arguments, and facts. The actual curing of our patients will turn those who may be deluded, to a true system of medicine; for it saves pain, time, and money.

Let us make this a contest between truth and error. It is not the judgment, dignity, or character of this or that individual that is in dispute, but the truth or falsehood of a doctrine, whose principles have their relations with

every part of animated nature. In fact, whether certain discoveries were made by a man named Thomson, in modern times, or by Hippocrates, Celsius, Galen, Baglivi, Sydenham, Brown, or Cullen, in times now more or less remote,—whether they have issued from the obscurity of a cottage, or from the elevated desk of a professor,—all this is of comparatively little consequence, if the question be as to their real truth and value. Let such question be brought to an issue. As to the discoveries themselves, it is of essential importance that the world should know their nature, extent, and benefit. If certain doctrines based on them be true, it behooves those who consider themselves Eclectics, or inquirers after truth, avowedly to embrace them; if such be false, they should by reasoning or by a comparative trial undeceive the rising generation, in whose minds the infection of the new views is rapidly working. This is a point of duty.

“There is a power beyond the reach of art, and there are gifts which study and learning can never rival;” this I believe to be the expression of a truth. The more a man knows, the better; he cannot know too much. The better he is educated, the better is he qualified for the work of life; that is, if he makes good use of what he knows.

MILTON, VERMONT, August, 1867.

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Clinical Record of Cases treated in the Eclectic Medical Dispensary.

REPORTED BY E. H. MILLINGTON, M. D.

[Continued from page 33]

CASE 12, *July 6th*.—Deving, æt. 5 mo. Last night, at about 11 p. m., this little boy was attacked with vomiting and purging of bloody mucus. He is now lying with his eyes half open—the brain apparently involved. He frequently cries out with pain for a few moments, and then relapses into a stupid doze. Believing the case to be an aggravated one of cholera infantum, I ordered the child to be taken home, and kept quiet, at the same time prescribing

the following : *Rx.* Neutralizing Cordial (*Ec. Disp.*) one teaspoonful every half hour, until the discharges are colored, then in smaller doses every three hours.

*July 7th.*—The Neutralizing Cordial did not operate on the bowels as desired, and the child appeared to be worse. At my request, Prof. E. Freeman was called in as consulting physician.

The treatment agreed upon was, small doses of Podophyllin and Leptandrin to move the bowels, and small doses of Gelsemin. Also give a starch injection after each evacuation, and apply flannel, wet with whisky, to the abdomen. Also a warm foot-bath occasionally, and cool water to head. The Podophyllin and Leptandrin was discontinued upon my evening visit, the bowels having been sufficiently acted upon.

*Monday, 9 A.M.* The patient seems better ; the hemorrhage from the bowels has ceased, and the passages give evidence of the action of the Podophyllin and Leptandrin. No change in the treatment. Gelsemin to be used alone in small doses. Two o'clock I was called to see the child, as it had been in convulsions for four hours, during which time it frequently vomited blood. The use of the Compound Tinc. of Lobelia and Capsicum, in conjunction with the warm bath, broke the spasms, but the patient lay in a semi-comatose condition until evening. The following was then prescribed :

*Rx.* Com. Tinc. Gelsemin, gtts. v.  
“ “ Xanthoxylin gtts. xv.  
Water,  $\bar{z}$  iij.

Mix Liq. Take one teaspoonful every hour. Beef-tea was also ordered. The next morning the patient was much better, and continued to improve rapidly until the 14th inst.

*July 14th, 5 P. M.*—Found the patient had been sinking rapidly all day ; lies upon his back, with eyes open, and insensible to the light. The pulse is frequent, and very feeble ; discharges from the bowels very dark ; vomits occasionally. Limbs are cold, and becoming stiff, except the left arm, which is in continual motion to and from the head. The thumb is bent on the palm. (Some consider this a certain



sign of hydrocephalus.) There appears to be a thin membrane growing over the eyes, and a blue circle, indicative of great exhaustion, beneath them.

It was with much difficulty that I could get the friends to do anything further in the case, as they had given up all hopes of the child's recovery.

The first thing was to place the limbs in hot water, then envelope them in flannel, and apply hot bottles to the extremities. Injections of beef-tea were frequently given, and a little wine-whey was occasionally administered. By the persevering use of these means, reaction was soon established, and from this hour the recovery was as rapid as had previously been the decline. In a few hours the circulation had become so far equalized that the parents removed the hot bottles, and the limbs remained of the usual temperature. The vomiting had by this time ceased, and upon calling the next day, I found the child rapidly recovering. The treatment was continued for two days, when a little Hydrastin was given as a tonic. The recovery was rapid and successful.

CASE 13, *July 8th.*—Frank Dasher, æt. 8 yrs. Chorea. His mother states that she first noticed involuntary movements in her child, about fourteen days ago. The boy had had his feet in cold water for half an hour, and soon after taking them out the twitching of the muscles was noticed. They have ever since continued to grow worse. The mind of the patient is gloomy and irritable, so much so at times that his mother considers him "crazy in the head." The pulse is somewhat accelerated, bowels pretty regular, and appetite voracious.

*Treatment.*—Take a salt-water bath every other night. Pass a current of electricity down the spine, from the neck to the sacrum, every day. Take nine drops of the following, three times a day :

|    |                            |       |
|----|----------------------------|-------|
| R. | Con. tinct. Macrotys Rac., | 3 ss. |
| M. | “ Hydrastis Can.,          | 3 j.  |

Also take one Carb. Iron pill (Vallett) morning and night.

*July 12.*—The patient's appetite has become natural. The spasmodic movements are rapidly disappearing, and the irritability has entirely disappeared. Continue the treatment. Last appearance.

CASE 14, *July 9.*—Mrs. Ann F., æt. 25. Prolapse of the uterus (slight). Properly speaking, this is a case of relaxation of the uterine ligament, as the uterus has not descended so low as to rest on the perineum. The patient complains of a dull pain in the back, low down, with a sensation of weight in the pelvis. She has occasional attacks of headache, and the bowels are inclined to be constipated. Appetite is variable, generally poor. There is also considerable leucorrhœal discharge.

*Treatment.*—Regulate the diet. Give directions as to exercise, rest, etc. Keep the bowels open by injection. Take a sponge-bath, followed by brisk friction every day.

R. Helonin.  
Hydrastin aa 3 ss.  
M.

Divide into fifteen powders ; take one three times a day. Also take one Carb. Iron pill, twice a day. Use the following injection :

R. Hydrastis Canadensis, ʒj.  
Aquæ Bullientis, oct.j.  
Sesqui-Carb. Potass., ʒjss.  
M.

Strain and use as an injection two or three times a day.

*July 13.*—The pain in the back has almost disappeared, as also has leucorrhœal discharge. Appetite is good, and the patient says she "feels better every way."

*July 17.*—Discharged cured.

CASE 15, *July 10.*—Jane Hetberton. Prurigo formicans. For the past two or three summers the patient has had an eruption break out on her neck and upper part of back, which was attended with an intolerable itching.

The present attack commenced about a week ago, and the

disease has continued to grow worse up to the present time. Appetite is good ; bowels regular.

R. Con. Tinct. Barosma Cren., 3j.

Take four drops three times a day. (I believe this to be one of the best alteratives in skin diseases.) As a local application use Meyer's ointment.

*July 13.*—The disease is rapidly disappearing ; continue the treatment.

*July 17.*—Discharged cured.

CASE 16, *July 12.*—Geo. B. Johnson, æt. 28. Chronic dysentery. This patient has been afflicted with dysentery for nearly four months. The stools are small, bloody, and frequent. (About fourteen or fifteen in a day.) The tenesmus is very distressing. There is considerable pain attending each operation. The tongue is covered with a whitish fur. The appetite is irregular ; there is pain in the back, and imperfect action of the kidneys. Considering the severity of the disease in this case, the loss of flesh and strength is not so great as one would expect.

*Treatment.*—Take a salt-water bath every other night ; regulate the diet. Take ten drops of the following three times a day :

R. Con. tinct. Hydrastis Can., 3ij.

“ Barosma Cren., 3j.

To relieve the tenesmus, use injections of slippery elm, mucilage, and laudanum after each action of the bowels. Of the following, give half a tablespoonful every three hours :

R. Syr. Rhei. et Potas. Comp., ʒiv.

Tinct. Opii. Camph., ʒj.

M. Geranii, grs. xx.

*July 17.*—Much better ; pain and tenesmus have nearly disappeared ; appetite is improving ; continue the treatment.

*July 32.*—Discharged cured.

As I have reported several cases of mineral poisoning having been successfully treated with the Groves' Battery,

I will refer to the subject simply, for I am now giving this subject a careful examination.

It is a generally conceded fact, that a large majority of the diseases which afflict the people at the present day are the result of mercury. At least nine out of every ten persons have this deleterious metal in their systems. In consequence of this, they are afflicted with one or more of those symptoms, or diseases, indicative of the presence of mercury.

In the animal, mineral, or vegetable kingdom, not a solitary agent can be found, the use of which has caused, universally, more permanent suffering, or wrought more disastrous consequences to the human frame. It has, in fact, proved a withering, blasting scourge to the whole race. Few there are who cannot find among their friends or acquaintances numerous instances of mercurial sores, mercurial rheumatism, chronic diseases of the liver, kidneys, stomach, bowels, etc., that have had their origin in the use of this poison. Many cases of scrofula and consumption arise from the irritation caused by mercury. The experiments of Moulin prove that the globules of mercury deposited in the pulmonary tissue may be the nuclei for tubercles in the lungs."

Dyspepsia, piles, ulceration of the bowels, dropsy, etc., frequently have their origin in the same prolific source, and of course cannot be permanently cured as long as the original cause remains. A distinguished physician says: "A large proportion of the most inveterate dyspeptic and urinary diseases which I have seen, have been distinctly referable to the abuse of mercury. Of late years, such has been the opposition of the people to it, that physicians have frequently given the drug secretly. Thus it is, that thousands are suffering from the effects of this baneful drug without knowing the remote cause of their sufferings."

All physicians are aware of the difficulty attending the treatment of any disease arising from or aggravated by mercury. The reason of this is, that the metal, uniting with the tissues of the body, forms *insoluble* compounds, which keep



up a continual irritation. Now, as long as this source of trouble remains, it is impossible to effect a permanent cure. But if, by any means, you can extract the mercury from the system, thus removing the *cause*, nature will soon restore everything to its normal condition. By far the best, and only certain mode of extracting this metal, is that discovered by Prof. Sanders. By means of the Voltaic current, we can now extract from the system every particle of mercury, even though it may have lain concealed in the tissues for years.

One or two sittings of fifteen minutes each will frequently do more toward the relief of suffering than months of ordinary treatment.

We do not require to put our patients in a bath; nothing is necessary but to place the feet on a copper plate and hold the electrode of the battery in one hand. No shocks are given, no unpleasant sensation experienced, and no injury can possibly result.

LEAD is another of those agents that, if taken into the system, forms compounds with the tissues and gives rise to more or less serious results. It is well known that painters and others who work in this metal are subject to attacks of lead colic, lead paralysis, jaundice, emaciation, etc. The quickest, safest, and most effectual mode of removing these dreadful diseases is to remove the lead from the system by means of the Voltaic current.

ARSENIC and ANTIMONY also give rise to serious diseases, which are best overcome by removing the cause.

In addition to the electrolysis of metals, we apply electricity in every disease that has proved to be benefited by it. We have found it to be particularly useful in cases of paralysis, chorea or St. Vitus's dance, asthma, chronic rheumatism, atrophy of muscles, amenorrhœa, dyspepsia, etc.

## PERISCOPE.

*On the Medical Uses of Chloroform Inhalation.*—By DR. CHARLES KIDD, London.

THE medical uses of chloroform, or rather its administration in medical as contrasted with surgical cases, begins to assume a form of very considerable interest and importance to the practising physician—not so much as an agent capable of removing slight or severe pain in neuralgic or purely spasmodic affections, as in controlling dangerous convulsions in the adult or infant; as a remedy also, or auxiliary of great usefulness in various forms of epilepsy, though not so effectual in simple hysteria, chorea, or delirium tremens. The medical uses of chloroform, in a word, have not been recognized sufficiently; its far wider and more brilliant aid to the operating surgeon having somewhat eclipsed its occasional applicability in the less demonstrative clinical wards of the physician. In cases of puerperal convulsions—which come under the notice of the general practitioner or young obstetric physician—the varied experience of all, or of the best obstetricians, agrees that, whether we have albumen in the urine or not, the careful, skilful administration of chloroform, even before adoption of the lancet,\* seldom fails to afford marked relief, and that in a majority of cases we may dispense with the excessive venesections of former times; chloroform in such cases, of course, is not to supersede other means usually had recourse to, such as delivery, &c.

In cases of severe agony, and jaundice attending the passage of *gall-stones*, the inhalation of a drachm or two of chloroform will often act like a sudden charm in affording relief from pain and spasm. It is probable here, that there is produced a relaxation of the ductus choledicus, and associated muscular or nervous fibres of the adjacent diaphragm, duodenum, abdominal muscles, &c., all thrown into spasm by an irritating calculus; it is curious, too, that jaundice has been occasionally produced by chloroform, especially when

\* Where he recommends the lancet, we rely upon the veratrum viride in every case.—ED. REV.

given in small or irritant doses ; but this is a much more rare phenomenon than the cure of jaundice by it.

A case of the following kind has come under notice :—A gentleman in the higher circles of society, an old gentleman subject to bad attacks of jaundice and gall-stone, in the country, was supposed to be at the point of death from “black jaundice” and impacted gall-stones. An entire week of horrible agony had passed ; warm baths, blisters, purgatives, globulistic remedies, ipecacuanha, and every other conceivable remedy had been tried in vain. Opium had made things worse, and emetics no better ; a fair trial, in one word, was given, or supposed to be given, to the good old classic abra-cadabra of Copeland and Watson, that

“ Old Experience which doth attain  
To something of prophetic strain.”

Experience of all kinds had been summoned from the nearest country-town, but, with amiable suavity, Old Experience had pronounced the case incurable ; it had been well excogitated that the bile secreted by the hepatic cells had probably regurgitated along the cystic duct into the gall-bladder ; there stored up, it became concentrated ; how chlorestrine (not Dr. Thudicum’s blood corpuscles) had formed a calculus, with much more, all pointing to sadly established organic disease of the worst kind. In this emergency, as a matter of “ridiculous form,” as it was said by Old Experience, a young but eminent city physician was summoned by telegraph—*a man of the new school, eclectic and sensible, who are glad to accept remedies from whatever side of the compass they come.*

“Have you tried chloroform?” he ventured to ask in consultation. “Nothing like leather—of course not ; but perhaps you would like to do so !” To which he replied in the affirmative.

A few drops of chloroform, in fine, were tried, with the best possible result ; the agony of the gall-stone yielded as if by some potent spell, the simple *rationale* of the cure being that it relaxed the muscular fibres, perhaps of the py-

lorus and duodenum, the gall-ducts, diaphragm, &c., and allowed the gall-stone to pass; whereas, previous purgatives, blisters, opium, &c., had only tended to derange the healthy sympathy which usually exists between the mucous membrane of the duodenum and the bile passages. In a sad case of this kind, not very long ago, it will be remembered, one of our most eminent members of Parliament died of the agony of gall-stones, and the derangement brought on by large doses of opium: it is probable one drachm of chloroform would have saved his life.

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*Pruritus Pudendi Successfully Treated by Sulphite of Soda. By Dr. Samuel B. Frizell, of Grangerbury, Ohio.*

In September, 1866, I was consulted by a lady suffering from pruritus pudendi following menstruation—accompanied with great irritation and much pain.

Having read of the influence of sulphite of soda on scycosis menti, the idea suggested itself to me of trying the same in this case. I accordingly prescribed for her the following local application; Sodæ sulphis, 3j, aquæ 3 iij, glycerine, ʒj, M., which was to be used quite often. In three days no trace of the disease was apparent.—*American Journal of Medical Science, Jan., 1867, p. 271.*

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*An Ingenious Bullet Detector.*

A very ingenious piece of mechanism for the detection and extraction of bullets in wounds has been devised by Mr. SYLVAN DE WILDE. The probe, consisting of two steel wires insulated from each other, is connected with an electric horse-shoe magnet and a bell, and when (introduced into the wound) it touches the bullet the circle is completed and the bell rings. The forceps act on the same principle, and are intended first to detect, then to seize, the bullet. They have curved points, and not pallets or spoons. The points of the probe are kept sheathed on introduction to a wound, and not uncovered until the supposed bullet is felt. This is effected by means of a sliding tube. Mr. DE WILDE's probe is a sensitive artificial finger, which enters deeply into the tissues,



and gives the signal at once when it detects the hidden source of mischief below.—*London Lancet*.

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## EDITORIAL.

### History of Eclectic Medical Colleges.

WE propose to give a synopsis of the history of the various Eclectic Medical Colleges, their duration, the name of each member of the Faculty, the year of their appointment, and the discontinuance of their relation to the various schools.

This is a matter which in time will be even more appreciated and valued than at the present, for every lover of the cause of Medical Reform must feel a deep interest in its true history. At this time we will refer to but two colleges, which will be followed by others. In our next we will give the history of the Worthington School, the first one established by Prof. T. V. Morrow in Ohio, previous to his establishing the Eclectic Medical Institute at Cincinnati, Ohio, the names of its Faculty and a list of all its graduates.

### THE MEMPHIS INSTITUTE.

Through the special effort of Prof. W. Byrd Powell, of Kentucky, the Legislature of the State of Tennessee granted a University Charter in the name of the Memphis Institute in 1847, to be located at Memphis, Tenn.

In May, 1849, the Board of Trustees organized the departments of Medicine, Law, and Commerce, and appointed Faculties in each of the above departments.

The Medical Faculty—W. Byrd Powell, M.D.;\* Robert S. Newton, M.D.; John King, M.D.; H. J. Hulce, M.D.; J. Milton Sanders, M.D.; Zoheth Freeman, M.D.; John A. Wilson, M.D.;\* and J. Conquest Cross, M.D.\* Jephtha Foulkes, M.D., was the President of the Board of Trustees. The first session began on the first of November, 1849, and continued four months. The second session began at the same time in 1850, and closed at the end of four months.

The last class numbered sixty students, which was considered a

\* This indicates that the persons have since died. Prof. Morrow in 1850; Prof. Cross in 1852; Prof. I. G. Jones in 1856; Prof. Rosa in 1864; Prof. Powell in 1866; Prof. Cox in 1867; Prof. Cleveland, 1864; Prof. Bickley, 1867.

complete success. The City Council donated a complete College edifice worth twenty thousand dollars, and six thousand dollars in money for a library and chemical apparatus, all of which was returned to the donors under the following circumstances :

In 1850 Prof. T. V. Morrow, of the Eclectic Medical Institute of Cincinnati, died, and circumstances connected with that school induced the Faculty of the Memphis Institute to accept appointments in the Eclectic Medical Institute at Cincinnati.

After the close of the second session of 1850-51, the entire Faculty resigned, and five members returned to Cincinnati.

The donations were returned to the City of Memphis, and the Medical Department of the Memphis Institute was permanently discontinued from that time.

#### THE ECLECTIC MEDICAL INSTITUTE OF CINCINNATI.

As the founder of this Medical School, the name of Thomas Vaughan Morrow, M.D., of Kentucky, will be immortalized.

The following are the names of all the gentlemen who have been appointed to Professorships in this College, the year of their appointment, and the termination of their relation to the same.

The first Faculty under the charter, which was granted by the Legislature of Ohio in 1845, was appointed in March, 1845, as follows : T. V. Morrow, M.D. ;\* B. L. Hill, M.D. ; H. Cox, M.D. ;\* L. E. Jones, M.D. ; Jas. H. Oliver, M.D. ; A. H. Baldrige, M.D. ; W. Beach, M.D. (Emeritus). H. Cox, M.D., resigned in 1846 ; W. Beach, M.D., was discontinued as Emeritus Professor in 1851. J. H. Oliver, M.D., resigned in 1849. T. V. Morrow died in 1850. A. H. Baldrige resigned in 1850. Jos. R. Buchanan, M.D., was appointed a member of the Faculty in 1846, and resigned in 1856. In 1849, H. P. Gatchell, M.D., Storme Rosa, M.D., and J. B. Stallow, A.M., were appointed. Drs. Rosa and Stallow resigned in 1850 ; Dr. Gatchell in 1851. In 1850, I. G. Jones, M.D., was appointed, and resigned the same year. In 1851 Robert S. Newton, M.D., J. Milton Sanders, M.D., and Zoheth Freeman, M.D., were appointed to professorships in this school. J. Milton Sanders, M.D., resigned in 1858. Robert S. Newton, M.D., was in the school from 1851 until the close of the winter session of 1862-3. In 1852 John King, M.D., G. W. L. Bickley, M.D., Wm. Sherwood, M.D., and John W. Hoyt, M.D., were appointed ; Drs. Hoyt and Sherwood resigned in 1856 ; G. W. L. Bickley, M.D., resigned in 1859. In 1854 C. H. Cleveland, M.D., was appointed, and left the same time with Drs. Buchanan, Hoyt, Sherwood,

in 1856. In 1856, J. M. Scudder, M.D., and W. Byrd Powell, M.D., were appointed. The latter resigned in 1859.

In 1859 H. D. Garrison, M.D., Charles T. Hart, M.D., and Edwin Freeman, M.D., were appointed. Drs. Garrison and Hart resigned in 1861, Dr. Freeman in 1862. In 1860 J. F. Judge, M.D., and A. J. Howe, M.D., were appointed. Some of the persons named were appointed the second time during the period mentioned.

Four of the former Faculty of the Eclectic Medical Institute, viz., Drs. Robert S. Newton, E. Freeman, J. Milton Sanders, and Hart, are now members of the Faculty of the Eclectic Medical College of New York City.

Of the various members of the Faculties of the above Medical Schools, it may not be uninteresting to know where, and in what school of medicine, they were educated:—Drs. T. V. Morrow, L. E. Jones, I. G. Jones, and A. H. Baldrige, graduated in the Worthington Medical School. Drs. Powell, Wilson, and Cross, graduated in the Transylvania Medical College; Drs. Newton and Buchanan graduated in the Louisville Medical College. Drs. Oliver and Cox graduated in the Ohio Medical College. Drs. Hill, Gatchell, Freeman, Judge, Scudder Garrison, Hoyt, Hulce, Hart, and Sherwood, graduated in the Eclectic Medical Institute. Dr. King graduated in the New York University. Dr. Cleveland graduated in the Berkshire Medical College. Dr. Sanders, after attending a course of Lectures in the Royal Institution under Farraday, graduated at Apothecaries' Hall, London, England. Dr. Howe graduated in the Worcester Medical College. J. B. Stallow, A.M., was not a graduate in medicine, and only filled the Chair of Chemistry. We are not informed of the school in which Drs. Beach and Rosa graduated.

The present Faculty of the Eclectic Medical Institute are: Drs. Scudder, King, L. E. Jones, Howe, Judge, Z. Freeman.

The prospects of this School are too well known to require any notice on this point. It has been fortunately situated by being surrounded by so many of the strong and able men, who could at any time fill important positions.

The changes that have taken place in this School are common to colleges. The history of one, in this respect, is the history of all.

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#### The U. S. Pharmacopœia.

THE circular of arrangement for this work will be issued from Cincinnati in a short time, and it is hoped that not only the mem-

bers of the committees appointed by the District County Societies and Medical Colleges, but the profession at large, will begin their work at once. As the time before the contemplated meeting of the National Eclectic Medical Association is short, and the importance of the work so great, every one will see the necessity of prompt action.

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### The National Eclectic Medical Association.

THE General Committee appointed by the State Eclectic Medical Society will issue to the profession, in a few days, a general circular, suggesting a plan for an organization, as well as the time and place for holding the meeting. We are informed that one of the suggestions of this committee will be to hold the meeting after all the next Annual State Societies. This would give all the State Societies an opportunity of appointing delegates, which has not been done in consequence of their not being informed upon the subject. This is a matter to be determined by the delegates already appointed, after a full conference upon the subject.

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### Our Fall and Winter Session.

FROM indications we have received from all parts of the country, we are now confident that the class in the Eclectic Medical College will reach one hundred students. Of the correctness of this calculation we have not the least doubt. Nearly this number have already written, and intimated their intentions of being in attendance this winter. No new enterprise of this kind has ever met with such signal results: and there never was a time when eclecticism was more determined and united than the present.

As different sections of the country are now supplied with Eclectic Medical Colleges, we really hope the entire medical profession will begin anew to educate young men, and prepare them for the profession. The demand for Eclectic physicians is gaining all over the country, and this point should be attended to at once, by every one who feels an interest in our profession.

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### College Announcement.

WE call attention to the Annual Announcement of the Eclectic Medical College of the City of New York. This is the Second Annual Announcement, and it is issued under far more propitious



circumstances than the first was. Then we had a charter for a College, and the Board of Trustees had only organized; now a Session has been held, and a successful one—the class being large for a first one—and everything has passed off harmoniously.

It was but little known, previous to September, that we were to have a session last year. Now the existence of a College is pretty well known throughout the land, and the fact that another session will be commenced in October is already well circulated. The inquiries made and the promises of students have been very many throughout the entire spring and summer, and from these and other indications we are warranted in expecting a large attendance for the coming winter class. The Faculty have also determined, from the hopeful prospects, to have a spring and summer Session, for the benefit of those who can attend better at that season. We know of no place on this continent that presents such great facilities for the study of Medicine and Surgery as does the city of New York. Our climate is also so healthful, that even those in delicate health may come here, with the prospect of benefit from it, while, at the same time, they pursue their studies. The various departments of Medicine are ably represented by those who fill the different chairs, and no pains are spared in making the course of lectures as thorough and as practical as possible to the student. The College building is admirably arranged, and being centrally located, access is conveniently had to the Bellevue, Emigrant, City, Eye and Ear, and other Hospitals, &c. To all those who, having read with some reform physician, wish to get the advantages presented by this great city of magnificent hospitals, we say, Come to the Eclectic Medical College, where you can have full credit given for what labor you have already accomplished, and be able in due time to get a diploma as the reward of it all. And to all who, having taken a first course in a Reform Medical College, wish to partake of these great hospital advantages ere they graduate, we give similar advice. For be it known to all, that it has been adopted as a rule by the Allopathic Colleges, "that certificates of study from irregular practitioners will be disallowed, and they will confer no degree upon any one avowing his intentions to practise Medicine in accordance with any exclusive system," they themselves being the judge of what is exclusiveness.

At the Eclectic Medical College the student will be allowed credit for all that he has done or may do, according to its charter,

in the way of perfecting his education, or preparing himself for the great duties and responsibilities of the profession of his choice.

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### The American Eclectic Medical Register.

THIS work is passing rapidly through the press. We have received already the names of nearly four thousand Eclectic physicians. This work will supply a great demand.

Many of our largest Druggists have ordered a page.

We have also received some of the Eclectic Medical Books which are to be noticed by title-pages. Others wishing their works noticed will please attend to it at once.

The Prospectus published in another part of the Review fully explains the scope of the work.

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## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

### THE CHEMICAL NEWS AND JOURNAL OF PHYSICAL SCIENCE.

THIS very able journal, which for many years has been the most prominent of the European scientific serials, has at length found an American publisher. We have frequently wondered that such an ably conducted periodical as the LONDON CHEMICAL NEWS should not have issued an American edition before now.

Its pages are filled with the ablest papers upon not only chemical subjects, but upon others embracing the collateral sciences, such as *Electricity, Photography, Pharmacy, Mineralogy, Metallurgy, Mining, &c.* When we recollect that the subscription price of this journal is TWELVE DOLLARS per year in London, and that a fac-simile of it is reprinted in America for the really trifling price of Two DOLLARS AND A HALF, we think that every druggist and chemist—in fact, every person professing to a liberal education, or the desire of possessing one—should not fail to subscribe to it. We venture to predict that the information contained in one volume of this able Journal (comprising 650 pages of closely printed matter) will be really worth to any person, whether engaged in pure chemical studies or in the arts, more than the price of a dozen volumes. This, we assert, the reader will assuredly find to be the case, no matter what branch of physical science he may devote himself to or what art he may follow. The CHEMICAL NEWS is published by W. A. TOWNSEND & ADAMS, 434 BROOME ST., NEW YORK. Take our advice, and subscribe for it immediately.

THE QUARTERLY JOURNAL OF PSYCHOLOGICAL MEDICINE AND MEDICAL JURISPRUDENCE. EDITED BY WILLIAM A. HAMMOND, M.D., PROF. OF DISEASES OF THE MIND AND NERVOUS SYSTEM IN THE BELLEVUE HOSPITAL MEDICAL COLLEGE, &c.

WE have received the above journal, and are impressed with the idea that it can be made a valuable addition to our periodical medical literature. The selections have a variety in them that makes them attractive. We would like, however, to see in the papers, by the editor, a little more familiarity with facts with which every physician should be familiar. We quote from page 2: "Both the above causes are necessary for the excitation of respiration, for the child does not breathe till pulsation has ceased in the cord, even though it be entirely expelled from the womb, nor will efforts at respiration be made if access to air be prevented."

I suppose that there are very few physicians who have not had this experience, viz., expulsion of the child, which breathes and screams as loud as its strength will allow, while at the same time the cord is pulsating, and he waits for such pulsations to cease before tying it, or ties it while it is pulsating.

Another inaccuracy which occurs in another selection, page 79, on Aberrations of the Sexual Instinct, is worthy of note, as it shows either a want of accurate knowledge or a palpable attempt to mislead. In parenthesis we find this: "(It is to the Shakers that we owe podophyllin and other vegetable extracts of that sort)." Podophyllin, besides not being a vegetable extract, was first made by W. S. Merrell, of Cincinnati, an Eclectic druggist, in 1847, but the attention of the profession was first called to this agent in 1844, by Prof. John King, of that city. It is truly an Eclectic remedy, which is valued highly and used by all the branches of the profession. Dr. H. should give credit where it is due. The Journal contains 160 pages.

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TRANSACTIONS OF THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR THE YEAR 1866.

THIS valuable work, which it has required a very determined struggle with the Allopathic influence in the House of Representatives to get printed, is now before us, and comprises a volume of 379 pages. It contains a complete record of the formation of the Eclectic Medical Society of the State of New York, and of its proceedings, at all the regular meetings, up to the close of the year. It also contains the history of the organization and record of the first meeting of the Eclectic Medical Society of the City of New York; of the Twenty-sixth senatorial district; of the Twelfth senatorial district; of the Eighteenth senatorial district; of the Thirtieth senatorial district; and of the Thirty-second senatorial district. A large number of very valuable papers, read before the State society and the auxiliary societies, are also incorporated in the work. Those papers are

monographs on different diseases and remedial agents, &c., and will be read with much interest by the members of the profession.

Thus for the first time in this State members of the Eclectic profession have a regularly chartered society and college, possessing all the immunities and privileges of similar Allopathic institutions, and have their proceedings published by the State—thus receiving essentially the same recognition as the others. This is eminently just and right, and in accordance with the spirit of the institutions of our country and with the freedom and progressiveness of the age in which we live.

This volume also contains a Biographical Notice of the late W. Byrd Powell, M. D., with a fine likeness.

Some of the most valuable medical papers ever published are to be found in this Report.

This certainly will be an incentive to the members of the State Society to redouble their diligence in the cause, and to have the next volume as complete as the present one.

The State made an appropriation for publishing eighteen hundred copies, one thousand of which is for the Eclectic Medical Society of the State. Each member of the Society will be furnished with a volume of the work as soon as they are all delivered by the State printer.

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*Art. 6.* American Medical Eclecticism: its Origin and Doctrines—The First Chartered Eclectic Medical College of the U. S.—The Eclectic Medical Institute at Cincinnati—What it has accomplished—Its Literature—Its State and National Recognizance—Also some of the Leading Points of Difference between the Eclectic and Allopathic Systems of Medicine. By Robert S. Newton, M.D., of New York. Read at the meeting of the Eclectic Medical Society of the State of New York, at Albany, N. Y., January 13, 1864.

*Art. 7.* A remarkable Discovery in Human Physiology, and its reduction to a beautiful, simple, and practical science. Submitted respectfully to the consideration of the Eclectic Medical Society of the State of New York, by W. Byrd Powell, M.D., Covington, Ky., June, 1864.

*Art. 8.* Abnormal Changes in the Blood. By J. T. Burdick, M.D., Brooklyn.

*Art. 9.* Ancient and Modern Eclecticism in Medicine—the Old Fathers in Medicine—their Works contrasted with Young Physic. Delivered before the Eclectic Medical Society of the State of New



York, at Cooper Institute, June 8, 1864. By Robert S. Newton, M.D., of New York.

*Art. 10.* Semi-Annual Meeting.

*Art. 11.* Scarlet Fever. Read before the New York State Eclectic Medical Society. By Horatio E. Firth, M.D.

*Art. 12.* Third Annual Meeting of the New York State Eclectic Medical Society.

*Art. 13.* Charter of the State Eclectic Medical Society. An act for the incorporation of the Eclectic Medical Society of the State of New York, and auxiliary local Eclectic Medical Associations. Passed April 24th, 1865.

*Art. 14.* Charter of the Eclectic Medical College. An act to incorporate the Eclectic Medical College of the City of New York. Passed April 22, 1865.

*Art. 15.* Constitution of the Eclectic Medical Society of the State of New York. Adopted June 15, 1865.

*Art. 16.* Code of Ethics of the Eclectic Medical Society of the State of New York. Adopted June 15, 1865.

*Art. 17.* Report of Dr. J. H. Jordan, Attending Physician of the Cincinnati Cholera Hospital, to the Board of Health.

*Art. 18.* On Large Doses of Calomel in Cholera. By W. L. Sutton, M.D., of Georgetown, Ky., with remarks by Prof. J. Bigelow, of Boston.

*Art. 19.* Communication from Prof. J. M. Scudder, M.D.

*Art. 20.* A Brief Historic Review of Medical Eclecticism. Read before the Eclectic Medical Society of the State of New York, at Rochester, June 14, 1865, by O. Davis, M.D.

*Art. 21.* Cactus Grandiflorus. By Prof. John Buchanan, Philadelphia. Read before the New York Eclectic Medical Society, at Rochester, June 15, 1865.

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*Art. 23.* How to obtain Union by First Intention. By Prof. John Buchanan, Philadelphia. Read before the Eclectic Medical Society of the State of New York, at Rochester, June 15, 1865.

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*Art. 38.* Organization of the Eclectic Medical Society of the Eighteenth Senatorial District.

*Art. 39.* Eclectic Medical Society of the Thirtieth Senatorial District of the State of New York, auxiliary to the State Society.

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*Art. 42.* Reform System of Medicine, and the duties we owe to ourselves and the public. Read before the Thirty-second Senatorial District Eclectic Medical Society. By Geo. C. Whitford, M.D.

*Art. 43.* Chronic Peritonitis. Read before the Thirty-second Senatorial District Eclectic Medical Society, Jamestown, January 11, 1866. By N. F. Marsh, M.D.

*Art. 44.* Apocynum. Read before the Thirty-second District Eclectic Medical Society, January, 1867, by H. C. Taylor, M.D.

*Art. 45.* Typhoid Fever. By Jas. Fenner, M.D.

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*Art. 50.* Cholera Asiatica: The Cholera Atmosphere; Pathology, Symptoms, and Treatment of the Disease. Delivered before the Eclectic Medical Society of the City of New York, May 15th, 1866, by Edwin Freeman, M.D., Professor of Anatomy in the Eclectic Medical College of the City of New York.

*Art. 51.* Address, delivered before the Eclectic Medical Society of New York City, auxiliary to the S. E. M. Society, June 20, 1866, on the Position and Wants of Eclectic Medicine, by Paul W. Allen, M.D., Professor of Theory and Practice of Medicine in the Eclectic Medical College of New York.

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*Art. 55.* Notes upon Parentage, Consanguinity, and Hybridity. By Alexander Wilder, M.D., New York city.

*Art. 56.* First Annual Commencement of the Eclectic Medical College of the City of New York.

*Art. 57.* Biographical Sketch of W. Byrd Powell, M.D. By Robert S. Newton, M.D., of New York city.

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## NEWS AND MISCELLANY.

### THE DISEASES OF CHILDREN.

"An Eclectic Treatise on Diseases of Children," prepared by Doctors Robert S. Newton and W. Byrd Powell, and printed by John F. Trow & Co., of this city, is a valuable addition to medical literature. It advances the peculiar theories of Dr. Powell upon the incompatibility of marriages between individuals of specific temperaments, and their effect upon children, whose health and vitality, it declares, largely depend upon "parental conditions." "The difference of longevity, in the main, depends upon a corresponding one in the original constitution—in that vital force which the original germ received from the parent."

Following in the lead of modern physiological writers, the work denounces consanguineous marriages as positively prohibited by organic law; but a stronger emphasis is given in the case of the inter-marriage of persons of the same temperament and constitution. "We are now acquainted with intellectual, energetic, and healthy parents, whose children are all dead, or else possess so little stamina

that they will not reach maturity." Probably the main force of the objection against alliances of blood relations should be attributed to this similarity of constitution; as in our own and in former times, such marriages resulted in deficiency of intellect and physical stamina in the offspring. The family of Lord Derby is in point, to say nothing of the old-time intermarriages of the Ptolemies and of the Hebrew patriarchs, Abraham, Isaac, Esau, and Jacob, with sisters and cousins.

A chapter on the nursery contains many suggestions which are actually new. The authors of the work contend that while the walls of a house should be exposed to the influence of the rising and setting sun, it should be greatly protected from heat by shade-trees on the southeast, south, and southwest. Forests should not be felled where houses are to be erected. "In all our large cities it is a very general opinion that the broad streets are more healthy than the narrow ones; and yet, while we lived in Baltimore, and also in New Orleans, it became obvious to us that the streets which were so narrow that the sun's rays never touched them except when on the meridian—and for this reason they were nearly always wet—were more healthy than the broader ones, and the broadest ones were the most sickly in summer and autumn."

Infantile mortality is treated in the eighth chapter, the conclusions being as follows: "We have but for a few days to observe the manifestation of New York and Cincinnati society to feel quite convinced that the mental condition of one half is in a pathological state; consequently the children of all such persons are born predisposed to inflammation of the brain, convulsions, congestion, and all those diseases which can result from an unsound brain and an undeveloped animal system. Happiness is a stranger to one half of the community, and pleasure is sought—we mean, passionate excitement." "The great expenditure of vital force in the mental functions of the Americans, particularly those who populate our cities, so reduces the tone and vigor of their bodies as to incapacitate them for producing a vigorous progeny."

Having disposed of this part of the subject, the work next treats of the natural history, pathology, and treatment of the various forms of disease incidental to infancy and childhood. The authors hold that disease is the condition of a part which disqualifies it for the performance of its function. Fever is a manifestation of an effort of the system to remove disease, and inflammation an action for the restoration of a diseased part. With these premises, they proceed to consider the various forms of their proper treatment. They enter the professional domain, and although as interesting as before, we lack space to note their suggestions. The whole category of infantile disease is gone through, and proper treatment recommended.

The work ends with Professor Powell's treatise on the temperaments, and their influence on the health and character. The volume cannot be read without profit, and the novelty of many of the ideas will attract attention.—*New York Evening Post*.



AMERICAN  
ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

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VOL. III.

OCTOBER, 1867.

No. 16.

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ORIGINAL COMMUNICATIONS.

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Cancer. What is it—Can it be cured?

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IN 1843, we began to investigate the subject of cancer, with a view of ascertaining its curability. We found, upon examining the various written authorities, both European and American, for over three hundred years, that there were only four European authors that admitted, unqualifiedly, the curability of cancer, and of the American authors, not a single one had laid down the principles of cure, upon the pathology of its being a curable disease. Nearly all the authors, of both continents, regarded cancer as primarily a constitutional disease, and local development as the evidence of the same. And after examining the reports of over six hundred surgeons, giving the result of three thousand cases treated by them, we found that they had not cured a single case. Every one of these surgeons believed that cancer was a constitutional disease.

We had been educated in this same school of medicine, and had been fully indoctrinated with this belief; but reflection, and the actual necessity of doing something to relieve

the many thousands who were suffering with cancer, was an incentive to begin a course of experimental investigations. We established an institution for the special treatment of cancer in all its forms, tumors of every kind, all classes of ulcers, the various diseases of the bones, fistulous diseases, hemorrhoidal diseases, as well as the whole class of chronic diseases. This institution was at once filled with persons suffering with the above diseases, from all parts of the United States. This enabled us to discover the fact that cancer is pre-eminently a local disease, and never is it constitutional in the beginning. The several years we continued these investigations gave us an opportunity to discover a new and reliable treatment, which will in every case cure cancer if properly used, and under proper circumstances. This disease is just as curable as any other, with the right kind of treatment. These various investigations also enabled us to make valuable discoveries in regard to a more successful treatment of the other diseases referred to. In fact, so complete was the success, that it laid the foundation of an entire new practice in all these diseases—fistula, diseases of the bones, tumors ulcers, hemorrhoids—and the adopting of their principles ever since has enabled us to cure these diseases in all cases. We have examined, personally, over six hundred cases of cancer.

Cases which we pronounced curable have always been restored. This extensive experience has enabled us to determine, upon sight, whether a case has gone too far to be cured or not.

In 1846 we published, in the "Western Medical News and Cancer Journal," our own publication, the following doctrine, since which time we are daily receiving confirmatory evidence of the truths first promulgated by any surgeon :

"Believing as we do that cancer is primarily a local disease, justifies the teaching and practice of local applications for its treatment. If it was a constitutional disease, it could be detected in the circulation before ulceration, as well as after, this change had taken place. The very best microscopists have failed in every instance to detect cancer in the

circulation before softening, while they have often found it in the blood after this change. Can a stronger evidence than this be wanted to prove the position taken? The substance of cancer texture is of *zoophyte cysts*. *Cell. Blastema Monad* we regarded an independent organization, to be the origin and continuation of cancer, yet it subsists upon the same. It has its own sensibility, but does not impart it to the sensorium of the person diseased by this peculiar organization. It is generally found in parts with but little vitality, or where a disorganization or dissolution had been produced by some violent action, but not so rapid as to prevent its re-composition in another animalized form, which will take place under certain circumstances, when *heat* and *moisture* are present. By this process decomposition or partial change in a part produced by outward causes takes place, and a new product, a living organization, is the result, and by the aid of chemical action.

The philosophy of the present day is that every animal and plant "must have a parent and progenitors ascending to the creation;" but this is not true, as illustrated by the hydatid, which "affords the strongest evidence that the lowest orders may be spontaneously produced," and that they afterward acquire powers of propagating their species. For it would be absurd to suppose that the eggs or seeds of hydatids were conveyed through the medium of the circulation to the parts where they are produced, but like cancers they seem to be the effects of an injury to the organization where they are found. When one of these beings is formed, a progeny quickly appears, and there is no limit to the family.

As long as a cancer retains its life and health, there is no ulceration; but as soon as any portion dies, softening takes place, and then it is followed by all the attendants of suppuration. Cancer originates, like all other incipient vital organizations, in a point. Its substance is cysts containing a fluid, and evincing a contractile power like hydatids, an acknowledged organization. It has a tendency to increase its animality, and assume the hydatid form and character; like hydatids, it arises *spontaneously* and *from accident*, and may be destroyed by proper means.

We have briefly stated our opinion of cancer, and will now refer to some of the causes of failure in its treatment. So far as the simple removal of the disease is concerned, local applications and the knife hold the same relation; for if they act only upon the immediate part, neither will cure, as thousands of failures have demonstrated. The knife fails because it does not reach all the formation; the same is true of the most if not all local applications, regardless of classes, when the simple removal of the cancer is the object. We may then be asked, in this view of the case, if we regard the disease curable. We answer, yes, and will give our reason for the causes of the failure.

The object of all kinds of treatment is to remove all the diseased structure; but a diseased action of the parts precedes and causes the morbid structure, which exists in a germinal stage and yet shows no pathological change. This has and will render the treatment unavailing. This being the case, a cure can only be produced by using such remedies as will destroy both the pathological structure and the pathological action. The knife will not do this, nor will arsenic, lead, antimony, copper, mercury, nitrates, sulphates, or gold and silver, in their chemical combinations, nor the whole class of vegetable caustics. All of these agents will produce death of the parts simply, but they will not change the pathological action of the surrounding structure. By referring to the various works on cancer, especially Cooper's Surgical Dictionary, it will be seen that more or less of these agents have been used, not only without benefit, but with decided injury to the system in consequence of their poisonous nature.

Without regard to the means resorted to for simply removing the pathological condition of the parts, we know that the various preparations of zinc and iron, first employed by us, are the only agents which will change the pathological action, and that, too, without producing any injurious effect on the general system. Our extensive observations fully warrant the reiteration of these views. While we do not pronounce these discoveries specifics in the cure of cancer, we do say that they have and will produce results



not obtained by any other means. We have for more than twenty years used them successfully, and notwithstanding we have often used the knife to remove the mass of the disease, we have never relied upon that as a curative agent, but universally subjected the base of the structure to applications of medicine. Our reason for presenting this subject again to the Eclectic medical profession, is that this plan of treatment is coming into general use in the various hospitals of Europe as well as in the hospitals in New York city, and having been the first surgeon either in this or any other country to recommend and teach this peculiar treatment, we are not willing to rest quiet, and let the old school take and adopt our discovery, without our own school of medicine being fully informed of the fact. They are daily introducing into their new books, teachings and practice, the results of the labors of our school, without, in only a few instances, giving credit where it is due. While we are willing the human family should be benefited by such a course, we are not willing they shall do so without the profession knowing that we as a school should have the credit for discovering the great blessings thus bestowed.

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On Poisoning by Arsenic, Antimony, Bismuth, Lead, Mercury, Silver and  
Tin.

BY J. MILTON SANDERS, M. D., LL. D.,

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PERHAPS there is no branch of medical science which is studied by the physician with less care and assiduity than that of TOXICOLOGY. This may be partly accounted for from the fact, that it is so inefficiently taught in the regular lectures of the medical colleges. Another reason is, that the student himself does not appear to appreciate the importance of this branch of study, at least not until he has left the lectures, and placed the perfect acquisition of Toxicology beyond his reach. It is in after life that the physician experiences the great loss he has sustained in not having

availed himself of the opportunity, when it was within his reach, of studying the action of poisons upon the system, their ready detection, their antidotes, &c.

It was at the request of many physicians who have felt this want, that I have been induced to draw up this paper. Without at all exhausting the subject, I have gone sufficiently into detail to serve the purpose intended; and if the physician will carefully peruse this paper, he will be sufficiently posted to enable him to institute those investigations which are required in medico-legal cases.

As *Arsenic* is used in poisoning in the great majority of cases, I shall devote the principal portion of this paper to this metal. Arsenic has been known from the earliest times, principally in the form of the sulphide, and the oxide, termed arsenious acid, or known as *white arsenic*. Without entering into any of the stoichiometrical relations of arsenic, and especially those relating to sulphur, all of which are of the deepest interest to the chemist, I will devote myself especially to that form of arsenic termed white arsenic, or, familiarly, "ratsbane."

It would be well, however, to mention that arsenic exists abundantly in various parts of the globe. The ferruginous deposits of mineral water contain it, and hence the too free use of these waters is highly pernicious. They should, before being partaken of, be examined by a competent chemist, for however minute the quantity of arsenic there may be present, its continued ingestion will ultimately result in disastrous effects. Nearly all iron ores contain arsenic, and also many metals. This fact should be recollected in performing examinations upon substances supposed to contain arsenic, as the zinc used may contain arsenic, and this may lead to erroneous results. This should be especially the case in medico-legal investigations. The *zinc* may contain this metal; the *sulphuric acid* may contain it, derived from the sulphur. Arsenic being one of the most widely diffused substances in nature, the greatest care should be observed in arsenical examinations that none of the materials used as tests be contaminated with it.

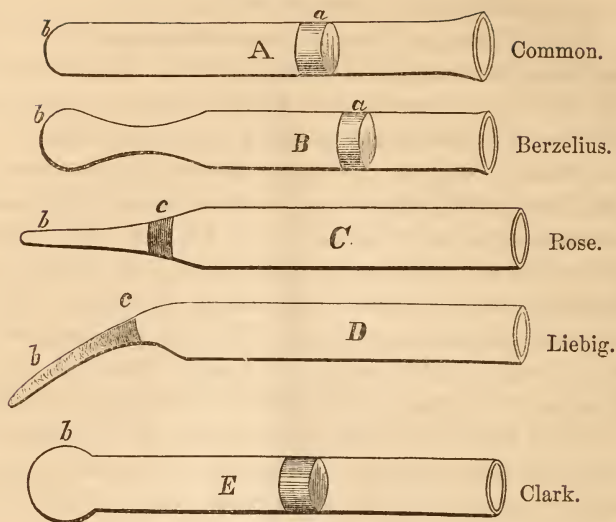
Metallic arsenic is obtained by heating the native arsenide of iron ( $\text{Fe}_4, \text{As}_3$ ), or arsenical pyrites ( $\text{Fe}_2, \text{As}_3$ ), in earthen tubes or retorts. The arsenic sublimes, and the iron, in the form of protosulphide ( $\text{FeS}$ ), remains. This crude arsenic is purified by a second sublimation, when it is obtained in the form of a coherent, internally crystalline mass.

Arsenic forms two series of compounds, similar to those of antimony and phosphorus. The *arsenious* compounds are triatomic, such as  $\text{As}''' \text{H}_3$ , or  $\text{As}''' \text{Cl}_3$ ,  $\text{As}''' \text{S}_3$ ; the *arsenic* compounds are pentatomic, such as  $\text{As}''_2 \text{O}_5$ , or  $\text{As}''_2 \text{S}_5$ , &c. Besides these, it forms sulphides, oxides, &c. There are two oxides of arsenic, viz., the *Trioxide*, or *Arsenious oxide*,  $\text{As O}_3$ , and the *Pentoxide*, or *Arsenic oxide*,  $\text{As O}_5$ . The Trioxide, or Arsenious acid, is the white arsenic of commerce. It is this acid which, under the name of "ratsbane," is so frequently resorted to for poisoning. It occurs in two crystalline forms, and in the amorphous state. As found in the drug stores, it is a pure white powder.

That arsenic forms a constituent portion of the system, as was stated by Orfila, Combe, and Devergie, is erroneous, as has been shown by Flondin, Chevalier, Dongee, and by the commissioners of the French Academy. These latter experimenters put to rest the statement of several chemists, that as arsenic exists in the muscles and bones of all animals, that its detection in medico-legal examinations leads to fallacious results. I can safely assert that if arsenic be found in the stomach, viscera, or any other portion of the human body, that the inference may be drawn without hesitation, that this metal has been taken either as a medicine or as a poison.

Before describing the processes for obtaining the arsenic in an available form for a quantitative estimation, it is necessary that its principal reactions should be thoroughly understood. To obtain the reactions of arsenic in the dry way, one of the test tubes in fig. 1 should be employed. These tubes, the reader will perceive, are of various shapes. They may be about five or six inches in length and 0.5 inches in width.

FIG. 1.



The first one, A, is a common test tube; that marked B is the form recommended by Berzelius; the one C is that of Prof. Rose; that marked D is Liebig's, and E is Clark's. They all subserve the purpose, and each one possesses its peculiar advantages. As A can be obtained at any chemist's store, it would be recommended. If metallic arsenic be tested with but slight access of air in one of these tubes, it becomes vaporized, and the vapor has a peculiar alliaceous odor, which, once smelled, cannot afterwards be mistaken. This vapor will condense upon the cold part of the tube in a coherent brownish-black metallic ring. It should be recollected that it is only the vapor of the *metal* arsenic which gives the alliaceous odor, while the white arsenic does not. It is not probable that the arsenic experimented upon will be in the form of the metal; it will become necessary to reduce the arsenical compound to the metallic state. This is effected by introducing in the tube with it some reducing agent, such as charcoal. As the sulphides of arsenic and the salts of arsenious and arsenic acid are not easily reduced by ignition with charcoal alone, they are heated with carbonate



of potassium or sodium, or with a mixture of alkaline carbonate and charcoal, or with cyanide of potassium.

We will suppose that a substance containing white arsenic is placed at the bottom of one of the glass tubes shown in fig. 1, having been previously mixed with a little coarsely powdered charcoal, and gently heated over a spirit lamp. If the tube be held in a slanting position, in a very brief time a bright metallic ring will make its appearance at about that position of the tube marked *a*. This bright ring may be readily distinguished as arsenic by the following: By its volatility; by a dexterous application of the flame, the deposit will disappear, and again make its appearance on the cooler portion of the tube. This is likewise the case with the metal Antimony. The method of discriminating between these two deposits will be again referred to.

If the metallic ring be chased to various portions of the tube, so that it may come into contact with the air, the metal will be converted into minute octohedral crystals of arsenious acid. With a magnifying glass these crystals may be readily discerned, and their form, transparency, lustre, and volatility are all so characteristic, that to an eye the least experienced there is no mistaking them, even if they do not exceed in length the one-hundredth part of an inch. It would be well to remark that in depositing the arsenical mixture in the tube, it should not touch its sides, as in that case the experiment will not succeed. The mixture may be introduced through a small paper funnel, with a long neck to it, sufficient to reach almost to the bottom of the tube. In fig. 1 the arsenic is at *b*, and the ring is represented at *a*. The better plan to be followed is to place the arsenical powder, or dried granules of matter suspected of containing arsenic, at the bottom of the tube, and the charcoal in small pieces or grains upon it. The heat should be first applied to the charcoal until it becomes ignited, and then gradually bring the flame downward until it falls upon the arsenical mixture. By this means the volatilized oxide passes through ignited charcoal, and is thereby readily reduced to the metallic state. If the tube be of the Liebig or Rose form, the

speculum, or ring, will be found at the shoulder of the tube at *c*. If of either of the other forms, the metallic ring will be deposited at these portions of those tubes at *a*.

I stated that only one other metal, Antimony, presents the properties of arsenic when heat is applied to it; but by an experienced eye the arsenical and antimonial rings may be readily discriminated. The arsenical ring is of a blackish-brown color, while that of antimony is of a deep black color, and not possessed of so much metallic lustre as arsenic. It may be further distinguished from antimony by treating it with strong nitric acid, when it will disappear, but will not entirely dissolve in the liquid unless heated. This solution, carefully heated, will deposit a white residuum, which, when cold, will give, with a concentrated solution of nitrate of silver, a dull red precipitate of arsenite of silver. If the above nitric solution is treated with a little *sulphurous acid*, and then with *hydrosulphuric acid*, a canary yellow precipitate of sulphide of arsenic will be produced. This precipitate is soluble in ammonia.

The ring, when heated, is turned of an orange-red color by hydrosulphuric acid, and is dissolved by ammonia, or rendered colorless by it.

This spot is also soluble in, or readily removed by, *hypochlorite of soda*. If the spot be treated by a flame of hydrogen gas, it will quickly disappear.

If a ring be formed consisting of a mixture of arsenic and antimony, the last two tests will not succeed. In that case, the two tests above, of nitric acid and sulphurous acid, will distinguish the two metals from each other. If hydrochloric acid be formed in the arseniuretted hydrogen tests, zinc spots may be found, but they are so dissimilar to those of arsenic, that there is no possible likelihood of confounding them with the latter. The antimony deposit likewise dissolves easily in aqua regia and in permanganate of potassium, and the solution thus formed exhibits the characteristic reactions of antimony with hydrosulphuric acid, &c. As the vapor of metallic arsenic gives the strong alliaceous odor, there is but little likelihood of mistaking its presence. If,

therefore, the substance to be examined be volatilized in the presence of charcoal, as given above, the peculiar odor given off will be a strong proof of the presence of arsenic. But in medico-legal examinations, when a human life may depend upon your experiments, these dry tests, although strongly corroborative of the presence of arsenic, must not be relied upon wholly. You will have to resort to other tests. These are several, all of which are very valuable, and I will proceed to detail them.

**THE AMMONIO-NITRATE OF SILVER TEST.**—To prepare a solution of this double salt, dissolve pure crystallized nitrate of silver in distilled water, or boiled rain-water, and add cautiously strong aqua-ammonia. The oxide of silver thrown down will finally be dissolved by the ammonia. The latter should now be added very cautiously, a very little at a time, till *nearly all* of the deposit is taken up. A little of the oxide of silver should be allowed to remain, for if the solution becomes alkaline, it will then possess the property of dissolving the arsenite of silver. The small portion left will, therefore, ensure the neutrality of the solution. This *ammonio-nitrate of silver* added to a solution of arsenious acid, or an arsenite containing free acid, a *yellow* precipitate of arsenite of silver will be formed. This yellow precipitate is soluble in ammonia, in dilute nitric acid, and in solution of nitrate of ammonia. Nitrate of silver will produce a yellow precipitate in a neutral solution of an arsenite.

**AMMONIO-ACETATE OF COPPER TEST.**—This solution is made precisely as the above, only substituting for the nitrate of silver acetate of copper. This test gives a *grass-green* precipitate of arsenite of copper (Scheele's green) in solution of arsenious acid, or in arsenites containing free acid. This green precipitate is soluble in ammonia and in nitric acid. It is turned *brownish-red* by hydrosulphuric acid, *blood-red* by ferro-cyanide of potassium, and *yellow* by nitrate of silver. **AMMONIO-SULPHATE OF COPPER** will act precisely as the acetate (but is not quite so sensitive), except that it produces a green precipitate in neutral solutions of the arsenites.

**HYDROSULPHURIC ACID TEST.**—A solution of this acid in

water, if added to a solution of arsenious acid which has been acidified with hydrochloric acid, will throw down a bright yellow precipitate of the trisulphide of arsenic.

[*To be continued.*]

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### Medical Discoveries during the last Fifty Years.

BY ALEXANDER WILDER, M. D.

“And Job answered and said, ‘No doubt ye are the people, and wisdom shall die with you. But I have understanding as well as you; I am not inferior to you.’”

ON the 20th of June, 1867, the Albany County Medical Society, old school, gave a complimentary dinner at the Delavan House in the city of Albany to Doctors James Wade, Barent P. Staats and James M’Naughton, on the occasion of having each of them completed fifty years of active life in the profession. At the close of the report followed toasts in the customary style, and set speeches from such guests as had been fixed upon to make the responses. The third regular toast was to “the Medical Profession,” to which Dr. Hun was delegated to reply. The following is a report of the matter:

“The Medical Profession,—Earnest workers in every branch of inquiry which relates to human health: may the half century to come equal the brilliant record of the half century just closed.”

“Dr. Hun being called on to respond to the above toast, made some remarks on the progress made in medical science during the professional lifetime of our guests. He passed in review some of the departments of medical study, to show how great a revolution they had undergone within this period, and how the present method of investigating diseases gives precision and accuracy to our comprehension of them, and thus lead to more certainty and safety in practice.

“He particularly called attention to the fact that all this improvement had been wrought within the profession and by its members. During the last fifty years, several medical sects had grown up, parasitic growths from it, and had en-



joyed a certain degree of popular favor. They had been well received by a numerous class of rich and influential men, and even by a few men of education, who ought to know better. Now it is an undisputed fact that, among all the great discoveries in medical science during the period, not one can be traced to any of the outside sects. Each sect remains in the shape and position in which it came from its founder, and has not in the slightest degree contributed to this great march of discovery and improvement.

“In conclusion, he remarked that the traditions of medical science and art, as they come to us from the earliest ages, are to be found only in the body of the regular profession, and all hopes of its future progress must rest on this body; and that the outside sects must necessarily be short-lived and barren, because they have no roots in the past, nor organic connection with the present.”

One is at a loss, upon reading this synopsis of Doctor Hun's remarks, to determine which feature is most prominent, inaccuracy or intentional unfairness. It is hard to believe that the speaker was ignorant as well as pretentious, when he made so glaring statements. To be sure there is allowance to be made, from the fact that he belongs to a school of medicine which makes a point of rejecting every fact that does not come to light through its chosen avenues. Having thus entirely excluded from the vista every luminous ray and scintillation, he probably felt warranted in the monstrous declaration, that among all the great discoveries in medical science during the last fifty years, not one can be traced to any of the outside sects. It is only on this supposition that he can be exonerated from very grave imputations in relation to his actual intelligence and veracity. We are aware of his high standing with his fellows, the oracular importance attached to his enunciations, and of the temerity which is required to question his utterances *ex cathedra*. But in medical science there is no pontifical authority, no prelate to be venerated, no church or school to which we are obligated to ascribe infallibility. When a man, however old or experienced or idolized, states that which is not true, he is

entitled to no more consideration than any other reciter of calumnies.

When Doctor Hun states that "the traditions of medical science and art, as they come to us from the earliest ages, are to be found only in the body of the regular profession," he asserts what cannot be proved. Those traditions are the property of the whole learned world, and are in no sense a peculiar possession of the "regular profession," or any other particular class of individuals. Nor does the doctor consider himself or his associates obligated to hold fast to those traditions, or, indeed, to any traditions in medical practice of a considerable antiquity. Indeed, it will be very difficult for him to show that in the department of general pathology and the practice of medicine, the departments which concern the actual grappling with disease and curing it, "the regular profession" have accomplished much else than a grand failure.

We have yet to learn their skill in managing epidemics. The Metropolitan Board of Health, last year, virtually gave up the contest with Asiatic cholera, and only devoted its energies to "stamping it out!" The poor wretches that took the pestilence and came under the charge of its physicians, died off by scores, more than sixty-six out of every hundred. Yet those physicians were "according to the most straightest sect," and had all the "great medical discoveries" of the regular profession for the last fifty years to aid them. The conclusion is inevitable that the cholera patients could hardly have been worse off if they had been left alone altogether.

In reference to other maladies, like cholera infantum, diphtheria, scrofula, yellow fever, which have assumed fearful proportions during the same period, the discoveries and treatment prosecuted by the "regular profession" are remarkable only for their barrenness of valuable results. This impeachment can easily be extended.

When we come to inquire what important medical agents this "profession" has added to the pharmacopœia, we have little better success. Iodine and cod-liver oil appear to have been the principal contributions; and heaven forbid that

much time or paper should be wasted on them. The sect which Dr. Hun has eulogized, is best labelled: "Perez—weighed in the balance and found wanting."

None of the medical sects which he has superciliously stigmatized as "parasitic growths" has so naked a record to exhibit. The Homœopathists have added a rich contribution to medical knowledge, and in treating disease have achieved a success which few of their Allopathic adversaries can equal or dispute. In the treatment of cholera, in daily practice they encountered a mortality not exceeding nine per cent.; and in their practice in Cincinnati, at the visitation of 1854, they cured a far larger proportion of patients than the men who had denounced them. We have not the figures at hand or we would give them.

Vincent Priessnitz should not be overlooked. He discovered that water was a most valuable agent in surgical practice and in the treatment of disease. The "regular profession" do not seem to have known this before; else, why did they not use water? Why was it so common a practice for regular physicians to forbid to patients with fever the permission to drink water at all? Doctor Hun knows that this was the case; and it cannot be very uncanonically to give as a reason for it that they had not yet discovered the great utility of water in the treatment of disease.

Some great discoveries were made in operative surgery by a non-professional man, named Sweet. They were fiercely denounced by the regular practitioners, till a better knowledge of the mechanism of the human frame had been afforded. Perhaps, now that these practitioners have availed themselves of this skill and knowledge of Sweet, they still continue to sneer at the man as being illiterate. It is an old custom to begin by stoning a prophet, leaving it for posterity to build him a sepulchre. Old School Medicine has never been an exception to this rule.

It is still fashionable to sneer at the name of Samuel Thomson. He discovered in lobelia a safer medicine than antimony; he added capsicum, apocynum, myrica, cimicifuga, and a score of other articles to the *Materia Medica*.

The success of his treatment of disease surpassed by far that of his Old School adversaries.

The discoveries made by the Eclectics cannot be denied. They are duly acknowledged in Braithwaite's Retrospect, and their importance to medical science is frankly conceded. If Doctor Hun should attempt to deny the value of them, he would have not merely the "irregular practitioners" of this country to encounter, but the leading men of his own school in England. Podophyllin, apocynin, gelsemin, macrotin, iridin, erigeron canadensis, and a host of other remedies have proved their own claims, as curative agents; and hundreds of the "regular profession" have adopted them accordingly. If Doctor Hun shall assert, in view of this fact, that the Eclectics have not, in the slightest degree, contributed to the great branch of discovery and improvement, he will display a recklessness in regard to his own veracity which will deprive him of every claim to common respect.

We have shown, in this hasty and brief statement, that the "several medical sects," which he has denounced have actually added many new remedial agents to the catalogue, and effected valuable innovations, with success, in the treatment of disease. It would not be difficult to prove, further, that whatever progress the "regular profession" has made in the practice of medicine, has been, in a great measure, due to the efforts and influence of the very men that were denounced as empirics and illiterate. But it is not necessary; let them be judged by their fruits, their skill, and success.

It is high time for Dr. Hun and his coadjutors to learn that the time for propounding dogmas *ex cathedra* has passed away. When the pen of Martin Luther disturbed the tiara of the Pope, when the head of Charles I. rolled off his shoulders at Whitehall, when Mexican bullets went home to the bosom of the Pretender of the House of Hapsburgh, the "right divine" of one class of men to prescribe faith or institutions for another was trampled in the dust, never to regain its former eminence. There is no School of Medicine, no "regular profession" that is entitled to greater respect than that, or that will receive it. When it makes such claims as



Doctor Hun has put forth, it is a usurper and a pretender, and deserves to be treated accordingly. It can make good no such assumptions. In times past it has resorted to persecution to subdue reformers and innovators; while the grave, like charity, covered the multitude of its blunders. It now has no such power. Like the toothless old Giant Pope, in Bunyan's Pilgrim's Progress, it can only sit at the mouth of its cave and rail at those passing by. If, however, we could make the grave uncover its dead, and disclose the armies of men who were hurried to premature graves by the ignorance and malpractice of this "regular profession," we would have no fear to hazard the assertion, that there exists not a country in the civilized world that would suffer that profession to exist within its borders. Of that class of practitioners, the son of Sarach might well say: "He that is abhorred of the Lord, let him fall into the hands of the physician."

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#### State and District Eclectic Medical Societies.

BY PAUL W. ALLEN, M. D.,

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IN no way are the Eclectic physicians of this country advancing their interests and their intelligence more rapidly, than by the formation and sustaining of medical societies. Within a very few years, State Societies have been organized in Indiana, Illinois, Ohio, Western Virginia, Pennsylvania, New York, Vermont, Connecticut, Massachusetts and Maine, and in how many other States we know not. All these organizations are, as we judge from the reports of their meetings and from correspondence, flourishing healthfully as to numbers, attainments and character, and most of them, including also the Canada Society, have a legal organization. A wonderful progress has been made; and the initiative steps have already been taken for a National Eclectic Society, and a National Eclectic Pharmacopœia.

It must however be acknowledged that, as yet, the annual meetings of these societies have been mostly confined

to matters of business, and to the partaking of the annual dinner. Encouraging it truly is, for men of like medical convictions and practice thus to meet each other. The spirit of these occasions is ever cheering. We realize that the Eclectic system is growing ; that men from every part of our respective States, men whom we honor for their talents and character, are jointly engaged with us in so good a cause—a cause which has for many years been dear to our hearts, and to which we have dedicated our lives. Occasionally, the reports of cases, or the cases presented for examination at the time, are of much interest ; and not unfrequently the essays suggest new remedies of much value. But we always think, as we leave these fraternal gatherings, that the want of time has prevented that free interchange of thought in reference to diseases and remedies, which is so invaluable to the physician ; and we hope the time will soon come when, in every State, the annual meeting will occupy at least two days—with the understanding that the business of the Society is to be transacted on the first day,—the second day to be devoted to professional improvement and fraternal sociability. A semi-annual meeting should also be held, to be occupied principally with essays and discussions on subjects of practical medicine and surgery.

In many Allopathic societies, the essays are presented by subject, without being read, and referred to the committee on publication, and, in due time, appear in the Annual Publication. But this is not satisfactory. If a member presents a paper on the treatment of typhoid fever, for instance, its reading, then and there, leads to a discussion which develops many valuable suggestions in regard not only to the treatment proposed, but also in respect to other remedies and methods of treatment. Some of the very best practitioners never write an essay at all, and yet in such a discussion, their suggestions would be of the highest practical value.

As the Review reaches the eye of many physicians residing in States where there is no society, we must here say to such that the advantages to them of such societies would be far greater than they probably can now conceive. Such

societies have an immediate influence in making it known that there is a distinct and honorable and most successful class of physicians designated Eclectics ; it calls attention to their doctrines, their remedies, their relative success, their literature, their colleges, their journals, and who are their practitioners. The people, nurses, editors, politicians, clergymen, and especially all persons of sagacious observation and progressive tendencies, become interested in our practice, and in the personal prosperity of our practitioners. We at once become known, our principles appreciated, our practice approved, and we become a power in the community.

But it must occur to every practical mind that while State medical societies secure organization and fraternity, and general popularity to our profession throughout any such State, yet that, for practical information, local societies can be made far more useful to every practitioner. Eleven monthly meetings—no meeting is usually held in August—are held in a year. Very little business transactions are required ; and a whole evening—and in some of the country associations an afternoon and evening—is devoted to the presentation of cases, the reading and discussion of essays, the most reliable methods of diagnosis and treatment, and to everything, in fact, which promotes their individual and common interests in the country in which the association is held. For two years before our removal to New York, in October last, we belonged to the Boston District Eclectic Medical Society, and although our residence was at Taunton, thirty miles from the former city, we attended nearly every meeting. We never returned to our practice, on the morning after the meeting, without feeling that we were better prepared for the duties of our profession. And as we write this brief paper more especially to indicate the usefulness of such organizations to those who have not enjoyed them, and thus to encourage their formation and efficient action, we will suggest some of the topics discussed during the two years in which we regularly attended the meetings of the Boston Society. We took notes not of all, but only of a part, of their proceedings, and we feel sure that many valuable facts and suggestions are stored

in our memory which we could not now recall. They form a part of that knowledge which every medical man possesses, and yet of which he cannot recollect the source from which it was derived. We presume, also, that some of the notes were taken from conversations aside from the meetings; but we find that we have preserved valuable information from the members of that Society on the following, among other important topics: The treatment of incontinence of urine from paralysis of the bladder, by *nux vomica*; alcoholic solution of macrotin as a local application in rheumatic inflammation and neuralgia; the use of turpentine ointment in itching piles and *pruritus labiæ*; the treatment of internal piles, and new apparatus to medicate the affected surfaces; the abortive treatment of felons by *veratrum viride*; treatment of fever and ague; *anasarca*, its various treatment and the relative efficacy of the same; the treatment of croup by the acetic syrup of *sanguinaria* and the various other methods; the therapeutic uses of the subcarbonate of bismuth; new methods of treating biliary calculi; the treatment of malignant cholera; the uses of chloroform, internally and also by inhalation, in puerperal and hysterical convulsions; the treatment of diphtheria; the treatment of dysentery, and especially of those cases connected with hepatic congestion; nursing sore mouth; the best methods of treating gonorrhœa and chancre; propylamin in rheumatic fever; chordee; iodide of lime and syrup of *stillingia* in certain forms of secondary syphilis; *lobelia* as a relaxant of the os uteri; a new method of treating chronic gleet; remedies for costiveness; the best methods to prevent pitting in small-pox; irritability, catarrh and ulceration of the bladder; croupal diphtheria; treatment of urethral gonorrhœa in the female; gout; the pathology and relative value of the different methods of treating spermatorrhœa; treatment of delirium tremens; of painful menstruation; of burns; pathology of typhoid fever and the treatment of its various grades and complications; small-pox; syphilitic tubercles; alumin and bismuth in gastritis; treatment of the various syphilitic eruptions; a new treatment of traumatic tetanus.



The discussion of such topics, by men who have been ten, or twenty, or thirty years in active practice; by men who have had the fullest opportunities of observing cholera, small-pox, syphilis, scarlet-fever, erysipelas, puerperal fever, diphtheria and other most important diseases; by men who have enjoyed the reading of books and periodicals of every school, and some of whom have had much surgical experience, afforded information which we prize very highly. There was ever the fullest and frankest interchange of professional opinion, and every favorite method of treatment known to any brother was made known to all; and we gratefully acknowledge that we have derived much assistance in lecturing on the treatment of many diseases from the information thence derived. It is emphatically true that there is only a small portion of the therapeutic information of eclectic physicians which is embodied in our works on theory and practice; and the very tendency of these discussions was to draw out the peculiar therapeutic experience of each physician, as well as to stimulate the industry of every man in acquiring a thorough knowledge of new remedies and methods of treatment. Under such training, practitioners become new men in the profession—men of enlarged knowledge and capable of judging and correctly criticising whatever opinion is advanced. Each man is an instructor and each man a learner. Such discussions bring each man's views, in regard both to pathology and therapeutics, to the most definite, and tangible, and practical shape; whilst it opens every mind to whatever is good and true that is advanced by other minds. Men who have once enjoyed such advantages will never be willing to live without them.

The Society at Brooklyn, the Brooklyn Academy of Eclectic Medicine, is another example of a most useful society. For one year only, we have attended the meetings of this society, and although we cannot here enumerate the topics there discussed, we may truly say that we have never attended any meetings which have been better sustained. The Eclectic physicians in that city have not only established themselves in extensive practice, but they have made our system popular and highly appreciated.

The Eclectic Medical Society of the City of New York was organized November 14, 1865, with less than a dozen members, but has doubled its numbers during the past year. During the ten months in which we have been acquainted with it, quite a number of important essays and discussions have been enjoyed, among them the following: Operation for occlusion of the vagina; the supposed therapeutic action of calomel; the medical statistics of New York city; inversion of the uterus; methods of treating asthma; the preparation of concentrated tinctures, or "saturates;" the intimate pathology of phthisis; case of poisoning by arsenic; operation for a peculiar case of strangulated hernia; case of syphilitic inoculation in a child; treatment of arsenical poisoning; the chemical tests of arsenical poisoning; new and successful methods of treating puerperal convulsions; treatment of partial paralysis by electricity; case of necrosis of the lower jaw from amalgam tooth-filling; non-union of fractures; newly discovered therapeutic agency of *veratrum viride*.

The members of the Brooklyn and New York Societies attend, to a considerable extent, both Societies, and the discussions have not unfrequently been kept up until an hour which some of our professional brethren would consider quite late, but which New York people think entirely reasonable.

Our readers will perceive from the topics thus suggested, that a very wide range of subjects comes before such associations; that novel cases, both medical and surgical, are not unfrequently presented; that discussions on most important diseases and operations are often engaged in; and last, though not least, that the social and fraternal enjoyments of the profession are largely contributed to. Nor is this all. The subjects connected with such meetings are frequently and most naturally referred to in conversations with friends and patients; and the community at once appreciate the organized talent, interest and intelligence which thus develops itself for the highest good, not alone of the profession, but of the public.

## Phytolacca Decandria.

BY WM. W. HADLEY, M. D.,

Prof. of Materia Medica and Therapeutics in the Eclectic Medical College of the City of New York.

I do not propose to give the botanical character or history of this plant, but to speak of some of its medicinal properties, and its uses in the treatment of disease.

It is found growing by the sides of fences, in fields, and by the roadsides, in nearly all sections of the United States, and is generally known, popularly, by the names of Poke, Scoke, Garget, Coakum, &c.; but it is not so well known as a medicine, nor so much employed by physicians as it is thought its virtues entitle it to be.

It is possessed of numerous valuable medicinal properties, being cathartic, emetic, alterative, resolvent, detergent, diuretic, and slightly narcotic, besides some other minor virtues which have been ascribed to it by various authors.

It is not extensively employed alone either as a cathartic or as an emetic, its effects on the body being rather too prostrating for general use; but it is often combined with other agents of these classes where a prolonged or constitutional effect is desirable: and especially in hepatic diseases of a chronic character, it is, in small quantities, an excellent addition to other remedies that may be employed in their treatment, as it has a special direction to the liver as well as the other glands of the body. In combination, therefore, with other medicines employed for the purpose, it is found to be one of the most efficient agents that can be used to produce an action upon this organ when it has been for a long time in a torpid state, as it is frequently found; and needs remedies that are thorough, and at the same time are not harsh in their effects. By this, or similar means, the liver can be restored to a normal condition, and induced to perform its natural functions more readily, and with greater certainty, than by almost any other.

But its alterative properties are perhaps among its most essential virtues, which have perhaps been too much over-

looked in the selection of remedies of that class. In cases of syphilis, mercurial diseases, ulcers, particularly those resulting from the use of mercury, in scrofulous affections, tumors, and glandular swellings, there are perhaps few single articles preferable to the phytolacca in their treatment; and in combination with other alteratives, it adds greatly to the efficacy of the compound. It seems to stimulate the glands to a healthy action, remove enlarged and tumefied conditions, and also acts as a healthy depurator to the fluids of the body. In all cases where an alterative effect is desirable, I have found this to be one of the most useful agents of the class. Its medicinal virtues are given to water or diluted alcohol, or the remedy may be employed in substance. The root is the part mostly used in medicine, and may be given as an alterative in doses of from 1 to 4 grains; as an emetic or cathartic, from 10 to 30 grains. The leaves and fruit, or berries, are also employed, the leaves possessing many of the virtues of the root; the tincture is also used in rheumatic diseases. The tincture of the berries has been much used by many in mercurial and ordinary rheumatism, especially when of a chronic character.

The tincture of the root is an excellent local application in the treatment of *tinea capitis*, producing some irritation and smarting; but it will frequently cure it, and that without cutting off the hair, which is more than many pretended remedies will do, and at the expense of far less pain and inconvenience to the patient. The pulverized root or leaves, made into an ointment with lard, have also been used for the same purpose; but where the tincture will succeed, I greatly prefer it, being more convenient of application. The inspissated juice of the fruit has been employed in cancerous affections; it is quite painful, and rarely of much service in their treatment, except in lupus in its incipient stages, where it is sometimes successful. In rheumatism, the same preparation is often excellent, especially in mercurial and syphilitic rheumatism; two or three grains of this extract will often quiet the severe nocturnal pains, when opium, morphine, and other narcotics have been vainly exhibited.



The extract of the root is used for the same purpose, but seems to be scarcely as efficient. In neuralgia and neuralgic rheumatism it is serviceable in allaying pain and reducing inflammation, and, from its alterative influence, is quite a useful article in their treatment.

Discretion should be observed in prescribing the quantity at a dose, nor should its administration be too long continued at one time, as it may produce prostration or debility. In cases where such conditions follow, omit its use for a few days, and then recommence in smaller doses.

In reducing the root to powder, some care must be observed by the operator. The mouth and nose should be protected from the fine particles of dust, for if inhaled they will produce irritation and inflammation of the mucous membrane, inducing a condition resembling coryza, attended with much pain and cerebral disturbance. The writer was once afflicted with its dust in that way; from such "provings," the homœopaths have selected it as a remedy in the treatment of similar cases.

The powdered root, as is well known, is one of the ingredients in the irritating or compound tar plaster, much used as a counter-irritant. The recent root, roasted, and made into a poultice, forms a good application to felons, in which it will ease the pain, and often discuss them or drive them away; also for tumors, for the same purpose; or, if too far advanced, it will hasten suppuration. The leaves also, bruised and applied locally, are useful in the treatment of tumors, and a strong decoction is valuable in hemorrhoids, taken internally in doses of a drachm or two, twice or three times a day, and used as an injection, *per rectum*, as often.

The extract may be made into a pill, with other agents, for chronic hepatic or scrofulous affections, or it may be employed in this way for rheumatism or painful neuralgic diseases.

A very excellent pill for cachectic conditions, attended with torpor of the liver, general debility, with painful nervous disturbances, would be a suitable combination of the extract of *baccæ phytolaccae*, *podophyllin*, *hydrastin*, *leptan-*

drin, and ferri phosph. I do not present a formula, for every experienced physician will be able to graduate the quantities to suit himself, knowing the character and nature of the articles, and can adapt it to the varied conditions of particular cases.

Many cases of general debility, female weakness, and conditions of great prostration, where there are no manifest symptoms of special disease, except fugitive pains, weariness of body, and despondency of mind, that we meet with almost every day, and are evidently dependent upon a torpid condition of the liver, stomach, and bowels, and, in females, complicated with uterine disturbance and nervousness; would be readily benefited by a compound of this character. It is tonic, invigorating, and alterative, acting upon all the glands of the body; cholagogue and laxative, besides possessing the power to soothe and quiet the painfulness of the nerves. In the treatment of almost any disease, this would be an excellent assistant.

Many of our indigenous remedies have been too little used, and I regard this among the number. There are virtues in it that render it valuable in a variety of cases—in cases that will be apparent to the mind of every practical physician; and they may know of virtues possessed by it that are not mentioned in this paper.

546 Broadway, September, 1867.

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Rosin-Weed—*Silphium Laciniatum*. A New Remedy; reputed a Specific in Asthma.

BY H. D. GARRISON, M. D.

WITHIN the last eighteen months several persons have in a more or less confidential manner informed me, that the Rosin-weed is an infallible remedy for Asthma. Numerous parties, professional and nonprofessional, have related to me cures effected by this agent in cases before considered wholly incurable by the medical faculty.

The substance of this information, derived thus from par-

ties in most cases entirely unaware of the existence of any previous information on the subject, as they were in some cases even ignorant of the existence of each other, not only makes the discovery justly common property, but gives it a degree of reliability not pertaining to the reputation of many new remedies.

I would not willingly assist in placing another unnecessary or doubtful remedy on the already overburthened catalogue; but were it possible would with pleasure aid in displacing a legion that only confuse and deceive the practitioner, and encumber the materia medica.

Farmers and others, intelligent on equine hygiene and treatment, quite uniformly agree that this plant is not only a perfect preventive, but a specific remedy for the heaves of horses, which is essentially the same disease as Asthma in man.

Dr. G. H. Dadd of this city, in his new and very able work, entitled "*American Horse and Cattle Doctor*," p. 125, says, "The husbandmen who reside in the vicinity of where the rosin-weed grows, are well acquainted with the properties of this plant, and they declare that it is a specific for the treatment of Asthma or Heaves. I have used the article in the form of fluid extract prepared from the root, and find it to be a very valuable remedy. The dose (for a horse) of the fluid extract is two (fluid) ounces, morning and evening." After describing some varieties of asthma or heaves, necessarily incurable, because of some lesion of the respiratory apparatus, Dr. Dadd further adds, that "such cases, although considered incurable, may be palliated by the fluid extract of rosin-weed." In a recent conversation with Dr. Dadd, he declared himself, more than ever, convinced of the great efficacy of this plant in the cure of *asthma in man* as well as in horses. It is singularly corroborative of the foregoing views that in those prairie regions where the rosin-weed abounds, also in those cities whose markets are supplied with hay from such sources, asthma or heaves in horses is quite unknown. During my residence in this city I do not recollect seeing a single case of heaves, though the streets

are alive with horses which are not better used or fed than their race in the middle and eastern states where no affection is more common among them. Horses like this plant very much. On being fed hay containing it, they select all the rosin-weeds and eat them first.

Prof. King (Am. Dis., p. 871) ascribes to the *Silphium Perfoliatum* tonic, diaphoretic, and alterative properties, and alludes to its successful employment in ague-cake (enlarged spleen) liver complaints, miasmatic fevers, etc. In the same article, under the head *Silphium Laciniatum* and *S. Gumi-ferum*," he in addition recommends them in "dry, obstinate coughs," and laconically adds, "Said to cure the heaves in horses."

To the foregoing therapeutic properties, should they be established by more extended experience, may undoubtedly be added another, viz. : *powerfully diuretic*. A very intelligent gentleman, who has collected large quantities of this and other medicinal plants for us during the past two years, stated to the writer, a few days since, that the rosin-weed acts so powerfully on the kidneys as to cause dull pain, and even considerable distress in the region of the kidneys of those who used it to any great extent. This property, mentioned also by others, will suggest to the intelligent physician a much wider range of usefulness than has before been ascribed to this plant. There are many diseases of the urinary apparatus yet deemed incurable, while most of such affections are by no means uniform in their submission to treatment. It is hoped that this remedy will supply some deficiency in the list of renal remedies.

The Rosin-weed, *Silphium Laciniatum*, known also by the common names "Polar Plant" or "Compass Plant," from the circumstance that its leaves quite uniformly point north and south, is a member of the large order *Compositæ*, and abounds throughout the high rolling western prairies. The stem is from three to ten feet high, and rough, with white hispid hairs. Leaves are one-half to two feet long, much divided, alternate and lower ones petiolate. The stalk bears four to eight large showy heads with yellow rays and flowers



in July and September. The root is large, sprangling and of a tough, leathery consistence. A smoothly cut surface presents a resinous lustre. The entire plant is possessed of a bitterish taste, but pleasant aroma, due to a volatile oil. Other species of this genus, as *S. Perfoliatum*, are also known as "Rosin-weed," "Indian Cup Plant," &c., and are possessed of similar, if not identical, medicinal properties. The whole genus, embracing five species, abounds in volatile oil and resin, which exudes in the form of small white spots or tears similar to those of mastich.

I have made a thorough chemical investigation of this plant to determine in what form its active principles could best be presented for administration; and conclude, that a fluid extract of high alcoholic strength is the only reliable form in which it can be used. The root when fresh is rich in essential oil, which is gradually converted by oxidation into resin, just as oil of turpentine by oxidation produces common rosin. As the resin of the *Silphium* is not pulverizable, and as it is not yet known whether the good effects of the remedy are due to the oil or to the product of its oxidation (resin), it is plain that no "powder" can fully represent the plant. A solid extract from which most of the oil is necessarily absent would not be eligible unless the activity is first shown to reside in the resin or some other part of the plant besides the oil.

Infusions and decoctions of resinous or oleiferous articles, though often the only form at command, are never more than fractional representations of the articles employed. The powdered root or plant would contain but little oil, owing to the thorough drying necessary to effect pulverization.

A fluid extract skilfully made as above indicated will contain all the oil, resin, and every other medicinal proximate principle of the plant in their native state and proportions, together with all the freshness and aroma of the plant unimpaired, and will accurately represent the root drop for grain. The dose of the fluid extract is from twenty to forty drops.

Laboratory and Drug Mills, 125 and 127 Indiana St., CHICAGO, Sept. 17.

## PERISCOPE.

*Treatment of Sore Nipple.* (Meigs' System of Obstetrics.)

IN speaking of the treatment of sore nipple Dr. Meigs says he makes it a point to examine the sore nipple for himself. If he finds an excoriation or an ulcer seated upon a nipple actually tinged with inflammation, and highly sensitive to the touch, he advises some blood to be drawn by a circle of leeches set on the white part of the breast just beyond the areola. This leeching, followed by an emollient poultice of flax-seed mixed with crumbs of bread and milk, to cover the whole nipple and areola, is soon followed by a reduction of the inflammation. When that is subdued the crack, fissure, or ulcer begins to heal under the gentle stimulation of a weak solution of nitrate of silver. After the nipple in substance is relieved, the cucumber ointment, or a true pomade, made with scraped pippins stewed in prepared lard or any other proper basis of an ointment, causes the cure to be soon effected. As this ointment is a very useful one in many occasions of disorders of the breast, Dr. Meigs does not refrain from giving the formula for its preparation. Take of white wax two ounces; deer's suet six ounces; oil of almonds two ounces; scraped pippins four ounces; dried currants two ounces; alkanet one drachm; mix. Melt in a water bath, and simmer for a sufficient length of time; strain the hot liquid and beat it in a mortar or on a slab to make proper ointment, stirring until the ointment is cold.—*Half-yearly Abstract of Medical Sciences.*

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*The Report of the Venereal Commission.*

WE make the following abstract from the Report of the Committee appointed by the Lords of the Admiralty to inquire into the best mode of treatment of the Venereal Disease. \* \* \*

As to the *origin of syphilis*, several of the witnesses, and with them a portion of the committee concur in opinion, expressed their belief that syphilis, under favoring circumstances, may be generated spontaneously. That syphilis was first introduced into Europe at the latter end of the fifteenth century, is an opinion now entertained by the few.

Of Venereal Sores they describe two species; the *syphilitic* and *simple*.

The *simple local sore*, the influence of which never ex-

tends beyond the inguinal glands, is eminently contagious, producing similar sores, but is incapable of infecting the constitution; like gonorrhœa, it is often the product of irritating and contagious secretion. This is the most common form of venereal sore, and prevails over all other varieties in a ratio of about four to one.

The syphilitic sore is seen under three forms; one characterized by induration throughout its entire course; one soft in its early stage and becoming subsequently indurated; and one soft throughout its whole course, but which, unlike the simple local sore, is followed by constitutional disease. All primary venereal sores are liable to involve the inguinal glands; the soft frequently, the hard almost invariably.

The evidence is conclusive as to the impossibility of pronouncing with certainty upon the character of a sore on its first appearance, *i. e.*, as to whether it will or will not be followed by constitutional symptoms; in other words, whether or not it be a syphilitic sore. As a rule, however, the exceptions to which are rare, a soft sore, whether followed by suppurating bubo or not, is only a local disease, and does not infect the constitution; and an indurated sore, more especially if accompanied by indurated inguinal glands, does infect the constitution.

The constitutional manifestations of syphilis follow the primary sore at an uncertain interval of time, ranging from four to ten weeks, the average term being about six weeks.

Although the evidence tends to the belief in the occasional development of any of these forms of eruption and other disease, in a given case, the Committee have sufficient ground for expressing their opinion that the dry and painless forms of eruption, *viz.*: psoriasis, lepra, and tubercle, but especially the two former varieties, constitute the predominant symptoms following the indurated sore, and that the remainder more commonly follow the varieties of the soft or moist sore.

*Syphilis in its ultimate form* is capable of affecting every organ of the body. The changes which occur in the inveterate forms of the more advanced stages of syphilis, are due to the deposition of a fibro-plastic material in the various tissues of the body. This product appears to be identical with that which, in the so-called "secondary" stage, is exuded in the bones, in the glands, on the iris, and indeed in the indurated chancre itself; but is now liable to be poured out in any structure, where areolar tissue exists. In addition to these characteristic and peculiar effects of syphilis, there is a tendency in those who have long been its victims

to suffer from degeneration of the tissues of the body; and thus a very frequent cause of the mortality in long-standing syphilis is a universal fatty or lardaceous decay of the organs.

*Hereditary Syphilis* is the cause of a number of cases of still-births and abortions, and of well-known changes in the development of the infant. Thus, very often the whole body is puny, the forehead projects, the nose is flattened, the skin around the mouth is often puckered from old ulcerations; and lastly, and most important, a peculiar change takes place in the teeth, the incisors being dwarfed in size, narrowed, rounded and notched.

As to the *Period of Incubation*. Upon the whole, the weight of evidence greatly preponderates in favor of the view that there is no definite period of incubation, either for the infecting or the non-infecting sore; assuming the term incubation to imply such an uniformity as exists in the period of incubation of other specific diseases, as measles, smallpox, etc.

As to the date expressed at which the constitution is involved: it is possible that the poison of syphilis may be carried into the circulation from the moment of contact, in whatever manner that is effected; but it is more probable that time is required to this end.

The *mode* in which the poison is received into the system is equally doubtful.

As to the question of *unity or duality of virus*, they add that there is probably but *one* true syphilitic poison exerting its influence upon the soil in which it is implanted, producing various forms of true syphilitic sores, differing in different individuals, modified by health, and by constitution, by locality, and probably by its ever-varying intensity.

Of thirty-three witnesses, twenty-three asserted that one attack of syphilis gives no future immunity.

As to *relapses*, and the period of safety for marriage. The subject admits of division into safety as respects imparting the disease in its secondary stage to the other sex, directly through the medium of the secretions; and safety as respects imparting it indirectly, through the *fœtus*, to the mother. Some witnesses do not admit the former liability, while the majority consider that secondary disease may be directly imparted through the medium of a moist secretion, as from a tubercle; but all agree in the belief that a syphilitic father, though presenting no appearance of disease, may beget a syphilitic child, and that that child, through the



medium of its blood, may impart the disease to its previously healthy mother.

Evidence is conclusive to the effect that syphilis may be communicated by intercourse during either of its stages, local or constitutional.

*The Local and other Varieties of Soft Sore.*—The simple or non-infecting sore (and, indeed, all sores unmarked by specific induration) should be treated almost entirely by local applications, having for their object to allay pain or inflammation, and protect the sore from injury. There is no remarkable feature in the progress of the inguinal glands towards suppuration which demands comment. Their liability to suppurate, however, renders the destruction of the sore by escharotics desirable. Such treatment should only be resorted to in the earliest stages of the sore, and probably not later than two days from its first appearance.

Mercury will neither arrest the progress of glandular enlargement, nor prevent suppuration. \* \* \*

Treatment of primary sores, whether by excision or by escharotics, constitutes a prominent feature in the modern practice of surgery, and, under favorable conditions, may be resorted to with great advantage.

In the case of the soft infecting sore, it is obviously of great moment to destroy the local poison, and avert the train of constitutional symptoms which may possibly, nay, probably will, follow. Should the destruction of this sore by caustic fail of its object by reason of its imperfect application, or of the too advanced stage of the sore, it is not improbable that the consequences would be injurious, and that an earlier development of the poison in the system would result. The rule of practice, which limits the operation of destruction to the two or three days from the first development of the sore, must, therefore, be strictly adhered to. For the reasons before given, it is an operation which can rarely be resorted to with a prospect of success in the hospital class of patients.

The application of local agents for the purpose of destroying the hard sore is useless.

*Phagedæna.*—In nearly all forms of phagedæna, the morbid action will cease on the destruction of the affected part. The agent most generally resorted to is nitric acid, which, in the less active forms of the disease, may be reduced in strength by the addition of three, six, or eight proportions of water. In the severe and destructive examples, nothing short of the strong acid, or any other equally powerful escharotic, will suffice to arrest it. The constitu-

tional forms are extremely intractable. They defy the ingenuity of the surgeon, and set at nought every variety of remedy brought to bear on them. With a worn and debilitated frame, bark, iodine, mineral acids, wine and nutritious food, and the freshest accessible atmosphere, are the principal remedies on which reliance must be placed.—*British Med. Jour.*, Jan. 1st and 8th, 1867.

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*Consultation with Irregular Practitioners.*

BELIEVING that our code of ethics concerning consultations with irregular practitioners is injudicious, and based upon false premises, I beg leave to offer my reasons in your journal.

While admitting that a regular medical education is essential to the *perfection* of medical qualifications, I deny that, in the abstract, it is the only presumptive evidence of ability to practice medicine. The time has come, and it would have been to the benefit of science and to our profession if we had years ago acknowledged it, when no party of men, however wise or well educated, or who from any extrinsic circumstances, because of their conditions, claim to be the only guardians of truth and morality, or religion even, will meet the approval of an intelligent community. It savors too much of arrogance and conceit, too much of that spirit which believed nothing good could come out of Nazareth, and it furnishes an effective lever to those artists who love to caricature us.

In olden times, I well recollect how my cap came off when in presence of the “minister;” but who cares for the office now, unless merit goes with it?

When we get wise enough to let our *merits*, not our means of education, be the criterion of our claims to public confidence, quackery dies, and not before.

The rule seems to place a tinsel garment upon my shoulders, which my manhood is ashamed to wear. The idea it suggests, that I can be so easily contaminated by a consultation with my inferiors(?), is an acknowledgment of snobbery at which my sense of self-respect revolts.

We deny, in all our other relations to humanity, this principle of necessary contamination or endorsement of error, because we come into contact with it; and why should we continue the folly *here*, so long as public intelligence sent it adrift years ago?

Look around and see if you can find amongst the better classes of the community any respect for a doctor, unless, by his intrinsic merits he commands their confidence.

The "divine afflatus" that clothed the profession in olden times is worn out with us, as well as with the clergy, and it will be better for us to know that we are naked than to suffer the delusion that we have something over us which the world admires.

The ethic is based also upon the false assumption that irregular practitioners are not educated. This is not true—some have better educations than many regularly educated practitioners, and admitting this concedes no virtue to a poor means of education; it simply admits that there are live, earnest, thinking men, who have acquired more education under inconveniences than lazy dolts have done with the best means at their command.

Some of the irregulars, I have no reason to doubt, are earnest seekers after truth—men who work as hard to master science as the regulars—men who are as honest, free from all guile or tendency to charlatanism; but this ethical rule forbids that I should meet them in consultation, should hold out the hand of fellowship to them, or try to convince them of the error of their way in the best way I know, by a show of superior merit.

It seems to me that this is wrong—unjust to ourselves, unjust to society, and unjust to them. I would say, meet these men, try and redeem them from the errors they labor under, and do it always with that manly dignity which comes from a consciousness of power because we are right, and a sincere wish that all others may be. Abolish the rule, and in so doing trample upon the idea that dictation is essential to our professional character upon subjects within reasonable conceptions of educated manhood.

Let each member of the profession determine for himself what is derogatory to his reputation, and let him stand or fall upon his own merits. Then will men lose all power to build distinct sects as sects, for a man may believe all that he sees to be truth, corrected only by a better light when it shines. He may practise homœopathy or hydropathy, but he can claim no distinction as a sect because we *concede* his right of opinion, and *admit* all he can show to be truth in his theory.

All our differences of opinion is the result of ignorance, either of ourselves or others, and the greatest obstacle to progress is, and ever will be, our unwillingness to concede the right of opinion to others which we claim to ourselves.

I have no fear of opposing quackery with science, and with rascals either in or out of the profession I hold but little intercourse, yet still claim myself competent to determine my conduct.

With the "ics," or "isms," or "pathies," I have no wish to affiliate, but, knowing my own imperfections, I pity and not condemn those who I think err.

The ethic in question is virtually ignored by many of our best physicians, either from misconception of its principle or from views like mine, and my honest conviction is that it is a dead law. So long as it remains it will bind some honest men to a course of action that they cannot approve, while others will contrive to get around it, believing in "higher" laws than codes or creeds. If men do not have honor enough to obey right principle, they will be hard subjects to redeem by a law, and if they cannot see the right of a law or rule, I apprehend the rule will be equally abortive.

WM. W. GARDNER, M. D.

SPRINGFIELD, Mass.

—*Medical and Surgical Reporter.*

*On Carbolic Acid as a Gargle in Diphtheria.*

CHARLES SEDGWICK, Esq., Hollingbourn, Maidstone, England, in a communication to the *Medical Times and Gazette*, on carbolic acid in diphtheria, says:

I usually give it in the form of a gargle, but in children, by swabbing the throat out freely with it on a piece of sponge. When the disease has been taken early, I have not failed in a single case, but have lost some where it had gone too far for medical treatment to be of any service. Carbolic acid has a decided effect upon the false membrane thrown out. The following is the form I usually prescribe:

|    |                  |          |
|----|------------------|----------|
| Rx | Acidi carbolici, | ℥xx.     |
|    | Acidi acetici,   | f. 3 ss. |
|    | Mellis,          | 3 ij.    |
|    | Tinct. myrrhæ,   | f. 3 ij. |
|    | Aquæ,            | q. s.    |

M.

Ut fiat gargarisma, f. 3 vj.

The carbolic and acetic acids to be well shaken together, the mel to be added with the aqua gradually. With it I usually give tinct. ferri and quinine.—*Medical and Surgical Reporter.*



*Raid on the Uterus.*

A DISTINGUISHED surgeon in New York City, twenty-five years ago, said, when Dupuytren's operation for relaxation of the *sphincter ani* was in vogue, every young man who came from Paris found every other individual's anus too large, and proceeded to pucker it up. The result was that New York anuses looked like gimlet-holes in a piece of pork. It seems to me that just such a raid is being made upon the uterus at this time. It is a harmless, unoffensive little organ, stowed away in a quiet place. Simply a muscular organ, having no function to perform save at certain periods of life, but furnishing a capital field for surgical operations, and is now-a-days subject to all sorts of barbarity from surgeons anxious for notoriety. Had Dame Nature foreseen this, she would have made it iron-clad. What with burning and cauterizing, cutting and slashing, and gouging and spitting, and skewering and pessarying, the old-fashioned womb will cease to exist, except in history. The *Transactions* of the National Medical Association for 1864 has figured one hundred and twenty-three different kinds of pessaries, embracing every variety, from a simple plug to a patent threshing machine, which can only be worn with the largest hoops. They look like the drawings of turbine water-wheels, or a leaf from a work on entomology. Pessaries, I suppose, are sometimes useful, but there are more than there is any necessity for. I do think that this filling the vagina with traps, making a Chinese toy-shop of it, is outrageous. Hippocrates said that he would never recommend a pessary to procure abortion—nay, he swore he never would. Were he alive now he would never recommend one at all. If there were fewer abortions there would be fewer pessaries, and if there were fewer pessaries there would be fewer abortions. Our grandmothers never knew they had wombs, only as they were reminded of it by the struggles of a healthy foetus; which, by the by, they always held on to. Now-a-days, even our young women must have their wombs shored up, and if a baby accidentally gets in by the side of the machinery, and finds a lodgment in the uterus, it may, perchance, have a knitting-needle stuck in its eyes before it has any. It is the easiest thing in the world to introduce a speculum, and pretend to discover ulceration of the os, and subject a patient to this revolting manipulation once or twice a week, when there is, in fact, nothing the matter. By some practitioners, all diseases which occur in the female are attributed to the uterus. In this class are especially to be included all such as make of

the abnormal conditions of the uterus a specialty.—*From Address of Dr. W. D. Buck, President of New Hampshire State Medical Society for 1866.*

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*Ether versus Chloroform.*

LYONS is the only city in France, and Boston in the United States of America, where chloroform is laid aside and ether preferred as an anæsthetic. A death having taken place this summer at Lyons, in a woman of delicate constitution, under anæsthesia, while an orthopædic apparatus was being adjusted to her foot to correct some deformity, the fact gave occasion to a discussion at the Academy of Medicine in that city. It then appeared that, since the resolution had been come to, under a certain predominance of opinion, to adhere to the use of ether, no less than seven deaths had occurred at Lyons; whereas in Paris, during the fourteen years that chloroform has been in use, over a much wider range of cases, the same figure expresses the total number of casualties, for they have been no more than seven.—*Brit. Med. Journal.*

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*Physiological and Therapeutical Action of Narceia.* By DR. A. EULENBURG.

DR. EULENBURG employed in his experiments the hydrochlorate of narceia in the dose of one sixth to one half a grain when administered internally, but in that of one eighth to one fourth of a grain when used in hypodermic injection, in which form of application the successful results of the treatment were well observed. He never saw any unfavorable symptoms after these doses, such as headache or gastric effects, which usually follow the use of morphia when given in corresponding doses. Among the physiological effects of the operation of narceia, the most striking and most constant is the diminution of the frequency of the pulse, with a corresponding weakening of the flow of blood, and sometimes a subsequent slight acceleration of the pulsations. The respirations were sometimes temporarily retarded, and occasionally they were rather accelerated, but generally no effect was observed on the temperature of the skin. On the extremities of the sensitive nerves in the skin, narceia acts in an analogous manner to other narcotics; but Dr. Eulenburg could discover no effect upon the urinary organs. As to its therapeutical effects, he employed it with good results as a sedative and hypnotic in the most varied diseases where local irritation, attended with great pain or general excite-

ment, required the use of narcotics. Its operation was also favorable in certain cases of peripheric neuralgia, and in one case of hysterical convulsions with spastic contractions, in which form of disease morphia is of very little use. Narceia is, therefore, a very valuable remedy in all those cases in which morphia is either not tolerated from the beginning, or in which it has lost its effects from long use.—*Schmidt's Jahrbücher*.—*British and Foreign Medico-Chirurgical Review*, April, 1867, p. 525.

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### EDITORIAL.

#### The National Eclectic Medical Association and the National Eclectic Medical Pharmacopœia.

As these are movements of national interest and importance, it is essentially necessary that all Eclectic Medical Colleges, Eclectic Medical Societies, Pharmaceutical Associations, and the Eclectic Medical Profession generally, should be fully represented and co-operate in carrying out such measures as will ensure their entire success. This principle of co-operation and concerted action should obtain in all enterprises affecting the advancement of our cause and the general interests of the profession. Nothing could be more gratifying to our school of practitioners than to see the day when we shall have our chartered schools in successful operation, with large and intelligent classes of medical students; our chartered State Medical Societies, holding their annual meetings; our complete medical literature; our National Eclectic Medical Association, every State in the Union represented; our complete Pharmacopœia, and, what is the most important of all, a harmonious co-operation on the part of the entire Eclectic Medical Profession in America.

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#### The Winter Session.

THE Eclectic Medical College of New York begins its regular course of Lectures on the 15th day of October. From the letters which we have received and other indications, we are quite certain that we will have one hundred matriculants. Quite a number of students are already in the city and will at once enter upon their studies. So soon as they matriculate they have an opportunity of visiting the

hospitals and enjoying all the advantages for study and clinical observation the city affords.

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### The Rosin-Weed---Silphium Laciniatum.

A WELL-WRITTEN article upon this subject by Dr. Garrison will be found in this number of the Review. In 1860 I. D. Johnson, a distinguished veterinary surgeon of Cincinnati, O., first called our attention to this article. We procured a large quantity of the weed from Illinois and made it into an Alcoholic Fluid Extract and used this extensively in the Pleuro-Pneumonia which was then so generally prevalent and fatal among cattle. We also used it in many cases of Asthma with the most gratifying and complete success. From the happy effects which have followed the use of this medicine in our hands, we are quite certain that the profession will be pleased with its action, and we will be glad of the opportunity to publish the results of the observation of all who use it.

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### The Eclectic Medical Review.

THIS journal has been so successfully conducted, and published with such regularity, that we now feel disposed to ask our present subscribers to co-operate in extending its circulation. This could be done very easily by each of the subscribers presenting the subject to his neighboring physician. Every Eclectic Physician in the country should take the Review, as well as contribute to its pages matters of practical interest to its readers and the profession at large.

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### The Eclectic Medical Profession in Harmony with the Spirit of the Times.

To a disinterested observer the medical profession of this country presents a very strange feature, which is the more noticeable because of its striking contrast with the freedom and equality which obtains with reference to all our institutions, and to almost everything else. That feature is a disposition of exclusiveness as tyrannical and overbearing as was ever exhibited by the Romish church in matters of religion. The Allopaths act as though they were convinced that the mantle of wisdom had descended directly to them from the gods, and had fallen over their shoulders exclusively, empowering them to persecute to the death all poor sinners who might be such according to their law. A few of them assume to be the aristocracy of the pro-



fession, with arbitrary powers to bind and to loose, to make and to unmake; and they act as though the rest were miserable serfs, whose only prospect of happiness, or of professional life, lies in an abject obedience to the will and enactment of the few. If perchance any of them question the right of those to judge for them, an excommunication and terrible anathemas are visited upon their devoted heads, and the spirit of vengeance would, if it could, pursue them beyond the confines of this mundane sphere. Such is the allopathic profession here; such is the assumption of power they have made, and such the effort to use it. Tolerated in a community for the good they are supposed to be able to accomplish in arresting the tendency to mortality, they have wrapped themselves up in their knowledge, which is mainly of the past centuries, and refuse to acknowledge that any other than themselves can, by any possibility, know or find out anything, and refuse to receive as facts anything that does not originate in themselves. They have not been able to hold all of their number as willing slaves. Many have left them whose expanded minds and broad and liberal views would not bear such restraint. They are men well versed in all medical lore, who are eager to seek out new ways and more positive methods, to accomplish the cure of disease. Such are the Eclectics of the present day. Proud of their work already accomplished, strong in the knowledge and strength they at present possess, and eager to explore new fields, and confer new blessings upon their fellow-mortals, they present themselves, in striking contrast to the others, to the people. They believe that God created all professional men, as well as all others, free and equal. They believe that there is a possibility of equal professional attainments, and that there is such equality among themselves, to any other branch of the profession, and on equal terms they are willing to stand—no greater and no less. They hold themselves ready as true physicians to give advice where it is needed, irrespective of persons or schools, and claim the right to ask such in the same manner. Their aim is to put the profession in its true position, to accomplish the most good possible. To this end they investigate and discover new remedies and modes of treatment of disease, and to this end they establish colleges under regular legal authority, that in them the latest improvements and discoveries, as well as the older ones made, may be taught to those seeking such knowledge. They seek to eliminate from practice the use of such deadly and harmful agents as mercury, arsenic, antimony, &c., and establish a truly rational system, based on all the discovered and well-established facts of science.

## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ESSENTIALS OF THE PRINCIPLES AND PRACTICE OF MEDICINE. A handy-book for students and practitioners. By Henry Hartshorne, M. D., Prof. of Hygiene in the University of Pennsylvania, Auxiliary Faculty of Medicine, &c., &c.

A work valuable for its brevity and the successful effort of the author to condense all the real essentials of each disease into as concise a description as possible.

The contents are: Introduction; Part I.—Principles of Medicine; Part II.—Special Pathology and Practice.

In the Introduction he gives a *resumé* of the "Systems of Medicine," in which—though he departs from his text to vent a little spleen on the Eclectics of the present day—he fairly shows that Celsus was one of the same name, as also was Boerhaave, Sydenham, and many other illustrious names of the past. Rational empiricism is our method of action in the treatment of disease. If that is the rule of action of the author, he departs materially from the footsteps of his predecessors, and may as justly be styled a pretender as that he styles us such.

Section 1st of Part I., is on General Pathology, under the heads of Morbid States of the System and Morbid States of Organs.

Section 2d, is on Semeiology, and includes Symptomatology as applied to the different apparatus of the body; and Physical Diagnosis, including Inspection, Mensuration, Palpation, Succussion, Spirometry, Percussion, Auscultation, Exploration of the Heart, Exploration of the Abdomen, Laryngoscopy, Rhinoscopy, &c. Every page of this may be read with much attention and profit; and the material is so well arranged and condensed that the student can easily find that for which he is seeking.

Section 3d, on General Therapeutics, discusses the different methods of applying remedies; including Electricity, Hot-Air Bath, Movement Cure, Inhalation and Atomization and Hypodermic Injections—the latter of which are now much in vogue.

Section 4th, is on Nosology.

Part II., on Special Pathology and Practice, treats in the same lucid and descriptive manner the whole list of diseases to which the body is incident; giving definitions, varieties, symptoms, anatomy, pathology, diagnosis, prognosis, and treatment.

The latter part of the work contains a strange feature for an allopathic author, which savors a little of what some of them derisively style Empiricism, viz., two hundred and forty-three Formulæ, which may be used in the various diseases previously described. It is a good feature of the work, however. We would suggest to the Doctor, that the resin of Podophyllum is called by the name of Podophyllin, and is so known all over the land.

The book is handsomely bound, and contains 417 pages.

For sale by Messrs. Balliere & Bros., New York.

## NEWS AND MISCELLANY.

*Messrs. Editors of the New York Eclectic Medical Review :*

GENTS—In regard to the Report of cases of cholera treated by me, and published in your Review in August, 1867, I wish to make a reference to what may be considered by some as an omission, why such proportion of my cases seemed to have been in an incipient form.

Out of the one hundred and seventeen cases reported to the Board of Health, I included all cases that were the subject of either or all forms or stages—that is, “vomiting,” cramping, or diarrhœa—believing, as I did, that all the cases reported were in the first stage of cholera, which, if not treated by the means described in my essay, under “The Danger of Delay,” would have passed rapidly into a collapsed condition. My experience during the epidemic of 1849, together with the epidemics of 1850 and '66, had taught me that in almost every instance where an individual was severely attacked with either vomiting, cramping, or diarrhœa, if not promptly treated and these conditions arrested, would be the subject of all the different stages or conditions consequent to an attack of fatal cholera. Therefore it has been my habit to speak of vomiting, cramping, or diarrhœa, as stages of cholera.

Some physicians, as well as a portion of medical writers, maintain that a condition of collapse attended by a shrivelled skin, a blue appearance of the entire surface of the body, a cold and clammy sweat, a cold tongue and cold breath, cramps and a pulseless state, alone constitute genuine cholera; and all other conditions are not to be considered cholera. This theory I do not subscribe to; for it is contrary to the established and scientific theory of the origin and progressive influence of diseased action; therefore a number of cases are reported as commenced and discharged the same day, which perhaps, without an explanation, would lead to some suggesting an exaggeration.

The facts were, that the cases reported in this way were done in consequence of taking the list from my professional charges at the end of August, when all physicians were required to report to the Health Office—the disease being no longer considered by the Board of Health as an epidemic. The fact was, further, that in almost every instance they were persons who had received from my office the medicines for the different stages, with full written directions for use, and they had themselves applied the treatment most thoroughly; but called me on that day to give general directions. Therefore no note was taken of the time that the case had been using my prescriptions before I called. Besides I seldom visited a patient who had not been my previous patron—my time being fully occupied with them. Besides, the early treatment referred to gave me a specific advantage.

There were a great many cases that used the medicine for diar-

rhœa, of which no account was taken during the twenty-three days in August, that being the time the disease was recognized as an epidemic. But only such cases of diarrhœa were included as I had every reason to believe, if not treated promptly, would have passed through the different stages of cholera.

There were a few of these cases treated before the cholera was pronounced by the Board of Health epidemic.

As an additional point of information to those who do not understand the regulations in this city as regards burials, I will state that all undertakers have to obtain, before interment, from the Health Officer, a permit; but before the Health Officer will issue this permit, the undertaker called upon has to produce a certificate from the physician in attendance as to what disease the patient died with. This is a guard that all deaths may be reported by every physician under their care.

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THE ART OF PRESCRIBING.—The London *Lancet* for June, 1867, says:—"It is to be doubted whether the improvement in the art of prescribing has kept pace with that of our knowledge of drugs and chemical combinations. Be that as it may, in some of the prescriptions that are handed to the pharmacist to dispense, the most incongruous intermixture of remedies, most dissimilar and contradictory in action, is ordered; whilst chemical considerations are set at defiance, and no regard is paid to the often complex changes that must take place upon the admixture of several different preparations, whose original properties are often completely altered. The real intentions of the prescriber are thus defeated, and the cure indirectly delayed.

"Mr. Daniel Hanbury recently discussed this subject at a meeting of the Pharmaceutical Society. He referred first of all to *unchemical formulæ*, giving as illustrations the combination of chloride of barium, sulphate of iron, and extract of gentian; the chloride being thus rendered inert; and, secondly, a prescription containing iodide of potassium, bicarbonate of potash, citrate of iron and quinine, ammoniated tincture of valerian, and water, the result being the production of a frothy white precipitate of quina, forming a mass suitable for pills. And this exemplifies a point not sufficiently well known—that quina does not combine with ammonia or an alkaline carbonate. *Unexpected combinations* sometimes result, of which the following is an example:—A prescription was written for a mixture, of which the more essential ingredients were Rochelle salts and calcined magnesia; this was taken without particular remark until a dose was swallowed from a bottle of the medicine which had been prepared some weeks. The effect was so disagreeable, and the taste so caustic, that the patient believed some error had been committed, and special inquiries resulted in the explanation that the calcined magnesia, by prolonged contact with the alkaline tartrates, had gradually abstracted their tartaric acid, leaving the alkalies in a free and caustic condition."—*Boston Med. and Surg. Journal*.



## ABSTRACT OF THE PROCEEDINGS OF THE VERMONT ECLECTIC MEDICAL SOCIETY.

The Second Annual Meeting of the Vermont State Eclectic Medical Society was held at the State-House, Montpelier, Vermont, Wednesday June 8, '67.

The President, A. G. Brush, M. D., of Fairfax, called the meeting to order. The Society was opened by prayer by Rev. Mr. Quimby, of New York. There were several delegates present from other State Societies, who were heartily welcomed by the officers and members of the Society.

The minutes of the Annual and Semi-annual Meetings were read by Geo. A. Bagley, M. D., the Secretary, all of which was adopted. The same shows the Society to be in a prosperous condition.

## REPORTS OF COMMITTEES.

The Report of the Finance Committee was read and accepted.

The Report of the Treasurer was next read and accepted.

The list of members was then called.

On motion of Dr. W. S. Johnson, a committee of three was appointed by the Chair to nominate officers for the coming year.

The following members were appointed: A. Dodge, J. M. Templeton, and Geo. Plumley.

The Committee reported the following names, when, on motion, they were elected.

*President.* A. G. Brush, M. D., of Fairfax.

*Vice-Presidents,* J. M. Templeton, M. D., of Montpelier; John Durkee, M. D., of Tunbridge; W. D. Waller, M. D., of Fayetteville.

*Recording Secretary,* Geo. A. Bagley, M. D., of West Topsham.

*Corresponding Secretary,* James Templeton, M. D., of East Montpelier.

*Treasurer,* M. McClearn, M. D., of Northfield.

*Censors,* Geo. K. Bagley, M. D., of Chelsea; Albert Dodge, M. D., of Chelsea; F. Gunner, M. D., of Bristol; W. S. Johnson, M. D., of Milton; G. H. Plumley, M. D., of Montpelier.

Dr. George Plumley then delivered the Annual Address, which was a well-prepared paper, giving a brief history of Medicine from the founding of the science of medicine down to the present period.

John Durkee, M. D., then presented, for the consideration of the Society, a well-written essay on Acute Rheumatism. He fully examined all the various plans of treatment as based on the various pathological views. He fully endorsed the doctrine of Prof. Powell, that this is more attributable to a peculiar organization of the system than to any peculiar cause.

His treatment was that of the Eclectic Profession generally, and one that can be fully endorsed by every extensive and good practitioner in our school of practice.

W. S. Johnson, M. D., then read a paper upon the subject of the Duty of the Physician—his relation to the profession, his relation to the community, what he should do before entering the profession. He made a strong appeal to his medical co-laborers in the cause of Eclecticism to persevere in their labors, and so continue to elevate the profession, under all circumstances.

To medical students he gave much advice; one of the leading points was, urging upon them to thoroughly educate themselves before they assume the responsible duty of a practitioner, for without a proper and well-educated mind none can ever succeed well in the practice of medicine. The duty of the profession is again appealed to in behalf of the confidential relation he holds to the community. Under all circumstances, he should be a moral and religious man, to always be prepared to give counsel and encouragement to the sick and to all with whom he has to associate. His paper was well prefaced, and was one that should be highly esteemed by the members of the Society.

J. M. Templeton, M. D., read a paper upon the subject of Typhoid Fever. After fully referring to all the causes, especially to malaria, and the poisonous effluvia arising from crowded ships and tenement houses, from all the evidence produced, these, no doubt, afford the greatest cause of this disease; and Dr. W. F. Templeton, of Glover, read an essay upon Diphtheria, in which he showed the superiority of the Eclectic practice of medicine. His view of this disease warranted a very different treatment from that which is known as antiphlogistic, and use the milder form, as recommended by the Eclectic Medical Profession, such as tonics, no cathartics, sedatives, stimulants, and mucilaginous drinks, some stimulants to the drooping, accompanied with nutritious diet, such as beef-tea, &c. The doctor claimed a very large per cent. of cases from this plan of treatment.

These papers were read, and a vote of thanks tendered the gentleman for the same.

Prof. Robert S. Newton then addressed the meeting, urging upon the members of the Association to encourage young men to study medicine, etc., etc.

Dr. Usher then made some remarks in regard to the injurious effect of the Allopathic treatment of disease in the army, he having been connected with the Medical Department for over one year.

The Code of Ethics was adopted by his Association.

On motion of Dr. M. M. Lane, a committee of three were appointed to present matters pertaining to this Association to the next meeting of the Legislature of this State.

On motion, the meeting adjourned to meet in this place, on the 5th day of May, 1868.

In the evening, at 8 o'clock, by invitation, Prof. Robert S. Newton, M.D., delivered a public address at \_\_\_\_\_ Hall, which was well attended. Prof. Scudder, of Cincinnati, who had been detained on the road until after the adjournment of the meeting, then

followed, and made a report of the progress of Eclecticism, specially in the West.

It is very important that all the State Meetings should make ample arrangements with speakers, to hold at least one public meeting in connection with their Annual Meetings. This, if properly and carefully attended to in time, would bring out the people to hear what Eclecticism is, and what it proposes to do.

Through this method our cause would prosper far more rapidly than it does, and they would be far more benefited.

There should, as a part of the preparatory arrangement of these meetings, be several thousand Eclectic Medical Tracts circulated in the vicinity and place of holding these meetings. We are now prepared to furnish some of the tracts at cost price for this purpose, such as:

1st. *What is the American Eclectic System of Medicine?*

2d. *Why Eclectic Physicians refuse to bleed.*

The State of Vermont is now well organized; they have the right kind of men there to carry on the Eclectic medical cause. The association should endeavor to get every one of the Eclectics in the State into their association.

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#### ABSTRACT OF THE PROCEEDINGS OF THE MAINE ECLECTIC MEDICAL SOCIETY.

THE annual meeting of this Society was held in Portland, on Wednesday, June 28th, 1867. There was a full attendance, and the proceedings were very interesting and profitable.

The morning session was occupied principally by reports of Committees and other officers, which served to indicate that the Society was in a very prosperous condition.

After the reception of several new members, the following officers were elected for the ensuing year. President, N. K. Martin, M. D., of Westbrook; Vice-President, Marshall H. Holmes, M. D., of West Waterville; Corresponding Secretary, Horatio G. Newton, M. D., of Portland; Recording Secretary, John Parker, M. D., of Biddeford; Treasurer, E. F. Bascom, M. D., of Portland; Librarian, S. C. Libby, M. D., Saco; Counsellors,—E. F. Bascom, M. D., C. H. Riley, M. D., and David C. Fortier, M. D.

The Society then listened to an Essay from Dr. H. G. Newton, on the "Importance of Hygienic Treatment," after which, Dr. E. F. Bascom addressed the meeting, on the recent various discoveries in the department of Physiology, and their influence on practical medicine. Both elicited marked attention.

At 3 o'clock the society partook of the annual dinner, at the United States Hotel, and the remainder of the session was occupied by interesting addresses from several gentlemen, and by discussions of various medical subjects, which our allotted space forbids us to notice more fully.

At the meeting of the Executive Committee, it was decided to hold the next annual meeting in Portland, on the fourth Wednesday in June, 1868. Dr. Bascom was chosen as orator, and Dr. S. C. Libby, Anniversary Chairman. Drs. Bascom, Newton, and Martin, Committee of Arrangements. Drs. C. H. Riley and Charles Fortier were appointed Essayists. Delegates to Massachusetts, Drs. C. H. Riley and John Barker; to New York, Dr. N. K. Martin; to Pennsylvania, Dr. G. H. Day.

On motion it was ordered, that the Corresponding Secretary forward a digest of these proceedings to the Eclectic Medical Journals of New York, Philadelphia, and Cincinnati, for publication.

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### BOOKS AND JOURNALS RECEIVED.

A Treatise on Human Physiology. By John C. Dalton, M. D. Fourth Edition, revised and enlarged. Philadelphia, Henry C. Lea; New York, Wm. Wood & Co.—700 pages. Cloth, \$5.25. An extended notice of this work will be given in our next.

Brande and Taylor's Chemistry. Second American Edition, thoroughly revised by Dr. Taylor. In one handsome 8vo volume of nearly 800 pages. Philadelphia, Henry C. Lea; New York, Balliere & Bros. Will be noticed in our next No.

Proceedings of the Third Annual Meeting of the Ohio State Eclectic Medical Association, held at Lebanon, Ohio, May 29, 1867.

Notes of Observation to ascertain the Ultimate Distribution of the Nerves of Gustation. By Rufus King Browne, M. D.

Prize Essay of Medical and Vital Statistics. By Franklin B. Hough, M. D.

Catalogue of Pure Medicinal Preparations. By Tilden & Co.

The Chemical News and Journal of Physical Science.

Buffalo Medical and Surgical Journal.

Boston Medical and Surgical Journal.

Eclectic Medical Journal of Cincinnati.

The Druggists' Circular and Chemical Gazette.

The Journal of Materia Medica.

Pacific Medical and Surgical Journal.

The Leavenworth Medical Herald.

The Galveston Medical Journal.

The Dental Register, Cincinnati.

The Dental Cosmos, Philadelphia.

American Homœopathic Observer.

The American Journal of Photography.

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ORIGINAL COMMUNICATIONS.

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On Poisoning by Arsenic, Antimony, Bismuth, Lead, Mercury, Silver and  
Tin.

BY J. MILTON SANDERS, M. D., LL. D.,

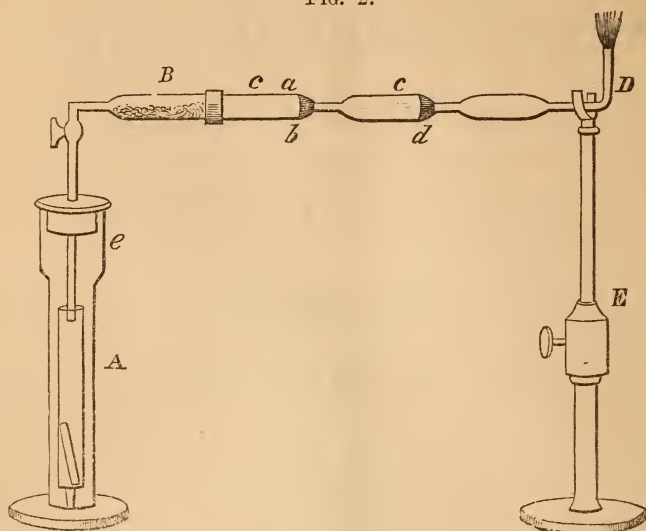
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(Continued from page 156.)

MARSH'S TEST.—If a piece of zinc be immersed in a solution of arsenious acid, or an arsenite acidulated with hydrochloric acid, or sulphuric acid, it will reduce a part of the arsenic to the metallic state, which adheres to the zinc as a black film, while another part of the arsenic unites with the nascent hydrogen, and escapes as arseniuretted hydrogen. If this gas be set on fire it will burn with a grayish flame, while the arsenic may be separated in the metallic state by passing the gas—after being dried with chloride of calcium—through a narrow glass tube, part of which is heated to redness by the flame of a spirit or gas lamp, and the metal will be deposited in the cold part of the tube; or the gas may be set fire to at the extremity of the tube, and, by holding in the jet a piece of porcelain, the arsenic will be deposited upon it in the form of brownish-black spots of a shining metallic ap-

pearance. Figure 2 represents the apparatus devised originally by Marsh, but improved by later investigation.

FIG. 2.



MARSH'S TEST.

- A—Generating Vessel.
- B—Drying tube containing Chloride of Calcium.
- CD—Reduction Tube.
- d, b—Arsenical Mirrors.
- E—Support.

Some of the suspected fluid is poured into the generator A and diluted sulphuric acid is mixed with it. Some pieces of pure zinc are previously placed in the apparatus. Hydrogen gas will be generated, and if arsenic be present it will combine with this hydrogen, forming arseniuretted hydrogen. In the apparatus represented in Fig. 2, A is the generating vessel, B is the drying tube containing chloride of calcium, CD the reduction tube contracted at two points and turned up at right angles at the end, so as to form a vertical jet.\* The reduction tube should be of hard glass entirely free from lead. The first thing is to ascertain if the zinc or sulphuric acid

\* The tube instead of being contracted may be a single straight tube.

used contain arsenic. For this purpose they must be introduced into the generating vessel; the solution suspected to contain arsenic must, of course, be kept out, only a little water and sulphuric acid being present. After the evolution of gas has continued sufficiently long to expel all the air, the reduction tube is to be heated at *a* by the lamp flame from ten to fifteen minutes, and the gas issuing from the jet D inflamed. A piece of white porcelain should now be held in the flame of the jet. If no deposition of arsenic takes place on the porcelain or at *b*, it may be inferred that the material used is free of that metal.

The liquid to be heated is poured in (which is done by lifting off the cap *e*) and the heating continued. If arsenic is present, it will manifest itself by a bright deposit of pure arsenic at *b*, a little beyond the flame. The lamp may now be removed to *c*, when a second deposition will take place at *d*. While this is taking place the porcelain held in the inflamed jet, D, will likewise (if the arsenic be in any quantity) be tinged with another deposit. The portions of the reduction tube containing these deposits may be cut off with a file, sealed, and laid away for further examination. The reduction tube is that devised by Reghault, and is very serviceable for this and other purposes, where gas is at any time required. The small glass tube within the generator, when filled with gas, expels the acid fluid, and the latter, retiring into the generator, leaves the piece of zinc intact. As soon as gas is let out of the small tube the fluid in the generator flows again into the small tube and comes in contact with the pieces of zinc, again generating gas, which expels the acid as before. A common bottle may be used instead of this generator, and when properly used will answer every purpose. The apparatus will then have the form represented in Figure 3. It may be a common quinine bottle with two perforations in the cork, one for a long tube, to be used for the purpose of a funnel, and the other attached to the reduction tube. If the porcelain plate, as stated above, be held in the inflamed jet, a metallic spot will be obtained, bright, and in color characteristic of arsenic. If the plate be held a little above the jet,

FIG. 3.



arsenious acid, in the form of a fine pulverulent film, will be deposited. Both of these deposits may be obtained simultaneously, by using a glass tube eight inches in length and about 0.3 inch in diameter. This tube must be held over the flame in nearly a vertical position.

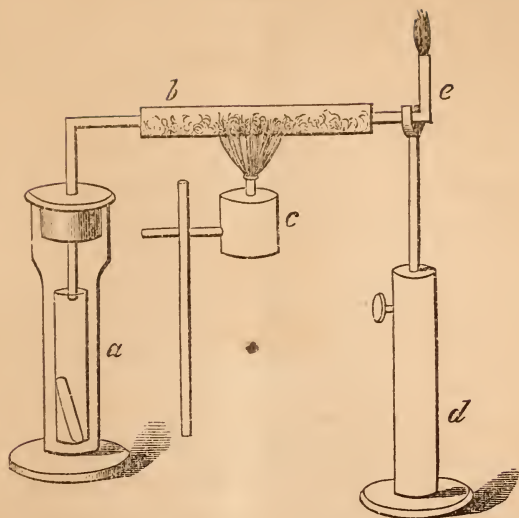
A solution of arsenious acid may be obtained by putting several drops of water on the plate, and inverting the plate, allowing the flame to impinge upon them successively. To these drops of water the liquid tests, such as the ammonio-nitrate of silver, or ammonio-acetate of copper, or hydro-sulphuric acid solution, may be applied, and all the indications obtained that are required.

**ELLIS'S TEST.**—Figure 4 represents the apparatus required to perform Ellis's Test.

In the above apparatus the arseniuretted hydrogen evolved in the generating vessel, *a*, is transmitted through the glass tube *b*. This tube is filled with strips of copper ribbon or copper leaf, oxide of copper being still preferable. At the same time the lamp *c* is allowed to play upon the tube, as represented in the cut, when the arsenic will be deposited upon the copper in the form of a bright frost. These copper strips may then be laid aside for future examination. The strips of copper are prepared for this purpose by exposing them to a dull red heat, and in that state to be thrown into



FIG. 4.



*a*—Generator containing the suspected fluid.

*b*—Tube containing the copper leaf or ribbon and heated by the lamp *c*.

*d*—Support.

*e*—Capillary end of tube with the gas inflamed.

cold water and then to be wiped dry. The following piece of apparatus, Fig. 5, is used for the generation of arseniuretted hydrogen, and is very efficacious. In the tube *a* the strips

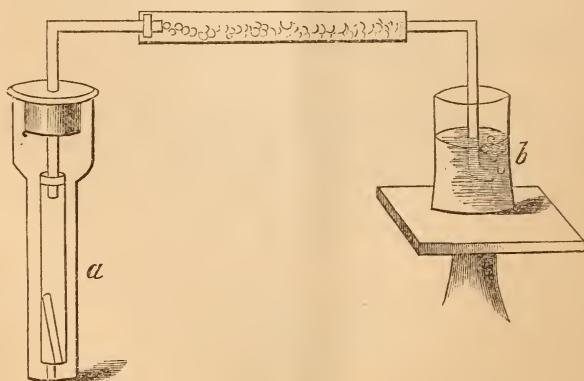
FIG. 5.



of zinc and the fluid to be examined (acidulated with sulphuric acid) are placed, the fluid extending up into the bulb *b*. The generation of gas will, if the stop-cock *c* be closed, force the fluid out of the bulb *a* into *b*. If the stop-cock be opened the flowing out of the gas will allow the fluid to return, and the generation of gas will recommence.

**LASSAIGUE'S TEST.**—This test has been adopted by the French Academy. It consists of passing a current of arseniuretted hydrogen, generated in the solution experimented upon, through a solution of nitrate of silver. Arsenious acid will remain in solution, while there will be likewise a black deposit of metallic silver. The silver will contain besides the arsenious acid, some nitric acid and arsenide of silver. If a little ammonia be added to the solution, nitrate of silver will give the characteristic yellow precipitate; or, instead of adding the ammonia, the ammonio-nitrate of silver may be used, or any other of tests given. The following apparatus, Fig. 6, is the form of apparatus used by Lassaigue for the purpose.

FIG. 6.



**BEVAIR'S TEST.**—This test is very delicate. It may be performed in this wise. Fill a narrow test-tube (Fig. 7) to half its depth with nitric acid diluted with four times its weight of water. Into this introduce a clean copper rod, and then pour upon the top of the liquid some melted tallow, which on becoming cool forms a diaphragm that separates the

FIG. 7.



upper part of the copper rod from that which is plunged in the acid. On the surface of the diaphragm is to be placed the arsenical solution, and at the end of six hours all the arsenic that is in the fluid will be found separated and adhering to the rod. A rod of zinc will give the same result with greater promptitude, but will not exhibit the deposit to the eye so plainly as the copper rod. M. Bevoir affirms that by this process the quantity of arsenic in the matter put into the tube may be ascertained to the one-hundredth of a grain.

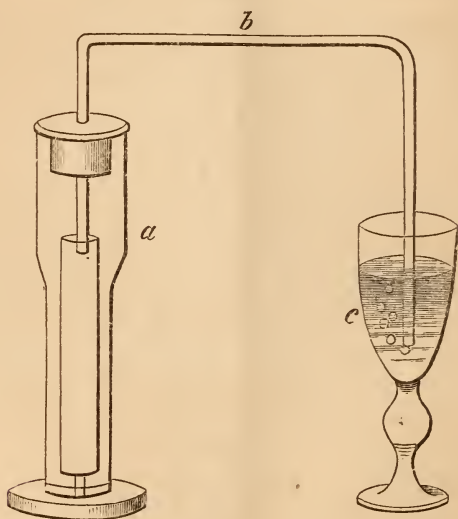
**MORTON'S TEST.**—This test consists in electrolyzing the suspected fluid. The poles of a galvanic battery (consisting of two or three cups of Grove's battery or Chester's Carbon battery) are to be immersed in the solution. Both poles must be of platinum. The hydrogen evolved at the negative pole must be collected and examined as given above for arseniuretted hydrogen. This process possesses the advantage, like that of Bevoir, of avoiding the use of zinc and sulphuric acid, both of which are liable to contain arsenic. The susceptibility of this test, Morton says, is the seventy-thousandth of a grain.

**REINSCH'S TEST.**—Strongly acidulate the suspected fluid with hydrochloric acid, and boil it in a glass or porcelain vessel, with bright sheet, foil, gauze or leaf copper. The time of ebullition depends upon the strength of the solution or

the amount of arsenic in it. If it be weak the boiling must be continued for at least fifteen minutes. The arsenic will adhere to the copper. This is carefully washed, dried, cut into small pieces and heated in a test-tube over a spirit lamp, when the metallic arsenic will be volatilized, and will either yield the metallic ring, or a deposit of arsenious acid in minute octohedral crystals. This plan should likewise be adopted with the coated copper in Ellis's Test.

**THE HYDRO-SULPHURIC ACID TEST.**—The suspected fluid is first acidulated with hydrochloric or acetic acid. If it be already acid then neutralize with ammonia and then add one of the above acids. Into a flask, Fig. 8, or Reghault genera-

FIG. 8.



tor (a flask will answer every purpose) some sulphide of iron should be put, and upon it pour some sulphuric acid diluted. The sulphide, if the generator be used, should be put in small pieces, in the inner tube, and the diluted acid in the outer one. The gas evolved should be passed through the tube *b* into the suspected fluid *c*. This stream of gas should be kept up for at least half an hour. The glass may then be set aside in a warm place (100° F.) until the odor of the hydro-sul-



phuric acid has passed out of it. The yellow precipitate may then be collected, well washed and tested. If it be arsenic it will be perfectly soluble in solutions of the pure alkalies, in their carbonates and bicarbonates, and in alkaline sulphides. This precipitate will be almost insoluble in hydrochloric acid, and will yield the arsenical ring, by being mixed with charcoal and soda and heated in the glass test-tube. A solution of hydro-sulphuric acid, or hydro-sulphide of ammonia will act like the gaseous hydro-sulphuric acid, but is not so sensitive.

WAEELLARTON'S METHOD.—This consists in concentrating by heat a little of the suspected fluid, and placing a few drops of the liquid in the centre of a piece of window-glass. Now draw lines of this liquid in different directions, so as to form a star-like figure. Each of these rays is tested with a different test-fluid. For instance, one touched with a glass rod which has been dipped in *ammonio-nitrate of silver* will give a bright yellow color. Touch the rod to another ray, having previously dipped it into *ammonio-acetate of copper*, and a grass-green will be produced. Dip the rod in a *sesqui-salt of iron*, or in *uranium* and the color will be a light yellow; or in a *lead salt*, when a white precipitate will be obtained, etc. By this little process several characteristic and unmistakable reactions may be obtained, all exhibited simultaneously before the eye.

All of the above tests are supposed to be used in a fluid which is transparent and devoid of color. But it frequently happens that the arsenic is intimately mixed with organic matter, such as matter of food vomited, or evacuated matter, portions of the various organs, such as the stomach, liver, viscera, etc. It will be necessary, therefore, that these foreign matters should be got rid of. At a preliminary examination, however, it is best to resort at once to Reinsch's Test. The suspected matter, if liquid, must be acidulated with about one sixth of its volume of hydrochloric acid, and boiled. The solid tissue must be cut up into small pieces and boiled with a mixture of one part hydrochloric acid and six parts of water, until the tissue is disintegrated. The liquid should then be

strained through muslin. Now immerse pieces of copper foil or copper gauze in the boiling liquid. If any gray deposit makes its appearance on the copper gauze, it should be removed, and new pieces put in. This copper gauze is then to be well washed in pure water, dried, introduced into a test tube, and heated over a spirit flame. By this means the arsenic is converted into arsenious acid, which makes its appearance upon the cold part of the tube in the form of small octohedral crystals. These crystals may be dissolved in water and then tested with the tests given. As the test of Reinsch introduces into the fluid a small quantity of copper, the gauze or foil, before being used, should be carefully tested, lest it may contain arsenic. For this purpose dissolve a small portion of it (say four or five grains) in nitric acid, and test for arsenic.

There are several methods of destroying the organic matter supposed to be associated with the arsenic. The following condensed description of this process will suffice. Mix the organic matter with about one fourth of its weight of sulphuric acid (conct.), and heat until the whole is reduced to a dry, friable, carbonaceous mass. This residue is now tested with nitric acid, to which a small quantity of hydrochloric acid has been added, in order to reduce the arsenic to arsenic acid, the latter being very soluble in water. Now evaporate the mixture to dryness, boil this with water, and filter the latter. It would be necessary to mention that, if the mass should contain any *alkaline chloride*, the incineration should be cautiously done, for if too much heat be applied, a chloride of arsenic may be formed, which, being very volatile, will escape.

Another process is the following: Heat the organic matter gently in a vessel with strong hydrochloric acid, adding by successive portions strong nitric acid. The organic matter being thereby destroyed, except adipose matter, the liquid is decanted from this adipose matter, the latter is well washed with pure water, and this water being added to that decanted, the liquid is subjected to the usual tests. Instead of the nitric acid chlorate of potassium may be used.

Another method: after the organic matter is thoroughly dried, it is mixed with nitre, and the mixture is thrown, in small portions at a time, into a red-hot crucible. By this means the arsenic is converted into arsenate of potassium, which is very soluble in water. This solution is then tested for arsenic.

A very ready method of separating the organic matter from arsenic is by the process of dialysis. It may be effected in the following manner: A flat hoop of wood, about ten inches in diameter, is covered with a sheet of parchment paper,\* by which an apparatus is formed not unlike a tamborine in shape. The organic fluid is placed within this hoop, sufficient in amount to cover the bottom to the depth of about half an inch, and the whole is placed upon distilled water, contained in a basin. In the course of twenty-four hours, at least three-fourths of the arsenious acid will have left the organic matter, and by diffusion will be found in the water below. This liquid must now be concentrated and tested as usual.

[*To be continued.*]

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### Vegetable Medicinal Preparations: Some of the Causes of their Non-reliability and lack of Uniformity in Strength.

BY C. T. HART, M. D.,

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WITH the progress of medicine new remedies are being constantly introduced. Many of these are derived from the vegetable kingdom, and within the last quarter of a century, especially, there has been much active investigation in this direction. The result shows that from plants are obtained many of our most positive, efficient and active remedial

\* Parchment paper is prepared as follows: Immerse for half a minute, white unsized paper in concentrated sulphuric acid. Then wash the paper with water slightly alkalized with ammonia. The paper thus treated assumes the toughness and consistency of parchment. In fact it so closely resembles parchment that diplomas are printed upon it, and it is used for other purposes for which the real parchment was formerly employed.

agents—such as the practitioner may rely upon to produce specific results. Much attention has likewise been paid to the mode of preparation, so as to secure their medicinal virtues in a concentrated and pleasant form. The success attending these investigations is exceedingly encouraging and satisfactory, so much so, as almost to warrant the opinion that the vegetable kingdom contains an antidote to every human disease. This consideration should stimulate every practitioner to become a close observer of the therapeutic action of medicines, to experiment with caution, and seek for new applications of agents already in use.

Unfortunately most vegetable preparations can be easily adulterated, and many of them cannot always be relied upon and are not of uniform strength. This often happens not from positive criminality on the part of the manufacturer, but through negligence or ignorance. He obtains his crude material from any source, without reference to the history of the plant, the locality in which it was grown, the season in which it was gathered, or the mode in which it was dried. By the study of vegetable physiology it is very apparent that plants, from their structure, must necessarily be influenced by soil, climate, seasons and culture; and many familiar examples can be given showing to what a very great extent vegetables are modified and changed by these causes. The plant is a strictly organized being, in which processes of circulation, digestion, assimilation and elaboration take place as regularly as in the animal organism, and is as much dependent on surrounding conditions, as light, heat, moisture and inorganic substances in the soil, for its proper growth and development, as is the animal on its daily supply of food. The leaves are a true chemical apparatus into which substances, such as carbonic acid, ammonia, salts, &c., are drawn directly by absorption from the atmosphere, and by circulation through the roots, and there, under the action of sunlight and heat, undergo decomposition, the elements being rearranged and re-combined to form various organic substances, among which are found oils, starch, sugar, gums and resins. Each plant has a definite career to run, and certain specific



results to accomplish, and these never vary when the requisite conditions are complied with—when the necessary amount of light, heat, moisture and proper soil are furnished. If, on the contrary, one or more of these conditions are wanting, important modifications occur in the character, quality and quantity of the organic principles elaborated. Thus the elements contained in the soil are known to exert a great influence on the chemical composition and medicinal properties of plants. Strong-smelling herbs transferred to a sandy soil lose their odor. The *Rhododendron* grown in one place is uniformly cathartic, while that from another locality is narcotic. Rhubarb will differ greatly in its purgative qualities accordingly as it is grown in England or India, or even in different localities in the same country. The same is true of opium. In France and Britain the *Amanita Muscaria* is violently poisonous, while in Kamtchatka a beverage is made from it which is used as a substitute for intoxicating drinks.

Cultivation and climate have also a marked influence. This is forcibly illustrated in the history of the common potato, the tubers of which in its native soil of South America are small and bitter, but introduced into Ireland as an article of food it has enabled that nation to advance in population from a little over a million to nearly seven millions within a century and a half. The extraordinary and extended resources which this plant furnishes are thus summed up: "Its stock, considered as a textile plant, produces in Austria a cottony flax—in Sweden, sugar is extracted from its roots—by combustion its different parts yield a very considerable quantity of potass—its apples, when ripe, ferment and yield vinegar by exposure, or spirit by distillation—its tubercles, made into a pulp are a substitute for soap in bleaching—cooked by steam, the potato is the most wholesome and nutritious, and at the same time the most economical of all vegetable aliments—by different manipulations it furnishes two kinds of flour, a gruel and a parenchyma, which in times of scarcity may be made into bread, or applied to increase the bulk of bread made from grain—to the invalid it furnishes both aliment and medicine; its starch is not in the least inferior to

the Indian arrow-root; and Dr. Latham has shown that an extract may be prepared from its leaves and flowers which possesses properties as an anodyne remedy." By cultivation the hard, dry covering of the almond has been converted into the soft, delicious flesh of the peach, and the sour crab-apple of the forest into the golden pippin.

It is also ascertained, from a study of vegetable physiology, that remarkable changes take place in the chemical composition and sensible properties of the organic products of plants at different stages of their development. The spicy and aromatic qualities of the unexpanded leaves of the *Caryophyllus Aromaticus* are entirely lost when fully matured, and the same is true with the berries of the Pimento. *Colchicum*, *Valerian* and many other plants may be cited as examples in which the active medicinal properties vary with the season. Another singular property of plants is that different parts of the same individual display very different medicinal qualities. A familiar example of this is seen in our common and much-used *Podophyllum Peltatum*, the root of which is an active cathartic, the leaf poisonous, while the fruit is a pleasant esculent.

Leaving out of view the criminal adulterations and substitutions so often practised, the causes which modify the nature of plants, and render medicinal preparations made from them non-reliable and lacking uniformity, may be briefly summed up as season, soil, climate, culture, and unseasonable gathering. These operate by changing the quality and quantity of resin, oleo-resin, gums, fixed and volatile oils in which their medicinal virtues reside. By age also and drying, many plants, as the *Gelseminum* and *Stillingia*, lose much of their activity. In order to maintain uniformity in strength in any one preparation, it is necessary to take the foregoing facts into consideration in selecting the crude material; then by analyzing a definite quantity, say an ounce, of each lot manufactured, ascertain its exact amount of active principle. When this is done, by increasing or diminishing the quantity of menstruum the uniform standard of strength can be maintained.

When this process is perfected and the plan honestly carried out, the practitioner will be relieved of one source of great embarrassment, and can prescribe with much more certainty and greater success.

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Clinical Record of cases treated in the Eclectic Medical Dispensary.

REPORTED BY E. H. MILLINGTON, M. D.

[Continued from page 129.]

CASE 17, *July 20th.*—Ellen Mallenee, æt. 10. Impetigo Capitis. The patient has been suffering from this complaint for nearly three weeks. The disease extends over the lateral and posterior parts of the scalp. A portion of the hair has fallen out. The child is evidently of a scrofulous diathesis, and her general health is, at present, rather poor. Appetite variable, bowels regular.

*Treatment.*—Gave particular directions as to air, exercise and diet (avoid fat, sugar, &c). Also advise a salt water bath every other day. Take ten drops of the following mixture three times a day.

R Con. Tinct. Corydalis Form., 3 ij.  
“ “ Podophyllum Pelt., 3 ss.  
“ “ Barosma Cren., 3 j.

M.

After cutting the hair, wash the head frequently with castile soap and water, and apply Mayer's ointment—no other application to be used.

*July 31st.*—Very much better—but little evidence of the disease remaining—continue the treatment.

*August 4th.*—Discharged cured.

CASE 18, *August 2d.*—J. B. O'Conner, æt. 23. Gonorrhœa. The patient states that about four or five days ago he first noticed a tingling about the orifice of the urethra, with slight pain and scalding in making water. There is now swelling of the lymphatic glands in the groin, with a slightly accelerated pulse and considerable thirst.

*Treatment :*

R Podophyllin, grs. jss.  
Leptandrin, grs. iij.  
M.

Take at night just before retiring. As to local applications use nothing but injections of cold water several times a day. After the action of the above cathartic give twenty drops of the following mixture every three hours :

R Con. Tinct. Asclepias Tub., 3j.  
" " Barosma Cren., 3 ss.  
" " Macrotys Race., 3 ss.  
M.

*August 4th.*—

R Pulv. Cubebs, 3j.

Divide into ten powders and take one three times a day. Also take four drops of the oil of Erigeron three times a day.

*August 7th.* Discharged cured.

CASE 19, *August 10.* J. M. Kearney, æt. 40. Chronic Hepatitis. This patient has suffered from chronic inflammation of the liver for nearly eight months. He complains of a sense of weight and tension in the region of the liver, which is somewhat tender on pressure. His bowels are usually constipated, and he has attacks of indigestion occasionally, although his appetite is pretty good. Is very nervous and at times desponding. His teeth are decayed, gums spongy and swollen. He attributes his illness to the excessive use of calomel during a long period of years.

*Treatment.*—The first thing to be done is to remove the cause. This we will do by means of Grove's Battery. I will also prescribe the following :

R Podophyllin, grs. x.  
Leptandrin, grs. xx.  
M.

Divide into ten powders. Apply an irritating plaster over the right hypochondrium. Also take a sponge bath followed by brisk friction, every day.



*August 16th.*—On the 10th, 11th, 12th, 13th and 14th insts. a large quantity of mercury was deposited at each sitting, on the copper plating attached to the negative pole of the battery. Yesterday but a small amount of mercury was obtained—to-day none at all. The mercury has, evidently, all been extracted from the system.

The patient feels much better, many unpleasant symptoms having entirely disappeared—continue the treatment.

*August 23d.*—Prescribed the following:

R Alc. Ext. Nux Vomica, grs. x.  
Hydrastin, 3 ij.  
Water, 3 v.

M.

Sig. Take one teaspoonful three times a day. Also take ten drops Mur. Tinct. Iron, morning and night.

*Sept. 6th.*—Discharged cured.

CASE 20. *August 14th.*—Catharine Bartine, æt. 38. Gastritis (catarrhal or sub-acute). The patient complains of a burning pain in the stomach, which is aggravated by taking food. She always vomits after eating, and has a severe headache most of the time. (The disease commenced about ten days ago, and continued to grow worse up to the present time.) She has for years been troubled with palpitation of the heart, but never so severe as during the last week. There is not the slightest appetite; and she loathes all kinds of food.

*Treatment.*—Keep up a constant counter-irritation over the stomach by means of a plaster composed of one part mustard and three parts ginger. Drink freely of mucilages. Keep the bowels open by means of laxative enemata. Take a warm bath every day. To check the vomiting use small doses (two drops) of the Con. Tinct. Gelseminum, every fifteen minutes.

*August 15th.*—Vomiting has ceased. Has now comparatively little pain in the stomach. Prescribed the following for the palpitation of the heart:

R Oil Erigeron, 3 ss.

Take two drops every three hours.

*August 19th.*—The palpitation of the heart has almost disappeared. Appetite is returning. Discharged.

CASE 21. *Sept. 2d.*—Miss C., æt. 22. Luxation of humerus. Two years ago this patient met with a dislocation of the humerus, downwards into the axilla. She states that no attempt has been made to reduce it up to the present time, but that a few weeks ago several physicians advised her to be put under the influence of ether, have the adhesions broken up, and the luxation reduced.

Upon examination the usual signs of this accident were found. The arm was lengthened, a depression existed below the acromion, and the head of the bone could be felt in the axilla. After a thorough examination of the case, taking into consideration the length of time that had elapsed since the accident, the patient was advised not to run the risk of an operation that must from its very nature be attended with more or less danger. Any one at all acquainted with the anatomy of the part must see from whence this danger arises.

In a case treated at the Philadelphia Hospital (1823) that resulted fatally, the following condition of the parts was found after death: Upon making a post-mortem examination it was discovered "that the head of the bone, at the time of the luxation, had been carried downwards into the axilla, about an inch and a half below the glenoid cavity, where it had formed a white ligamentous cup-like socket in the subscapular muscle, and, pressing upon the axillary artery, produced such a degree of inflammation as gave rise to a copious effusion of coagulated lymph, which united the artery completely for some distance to the capsule of the joint, where it surrounded the neck of the bone. \* \* \* Under the vein as it passes near the glenoid cavity, a large mass of coagulated blood was observed, and upon clearing this away, *the axillary artery was seen protruding with its mouth open, having been torn directly across and separated from its connections.*"

A case somewhat similar to the above occurred at the same Hospital in the year 1828.

Sir Charles Bell \* mentions an instance of the rupture of the axillary artery and muscles, during the use of an ambe, and that in consequence the surgeons were obliged to amputate on the spot.

M. David, Surgeon of the Hotel Dieu, at Rouen, reduced, after violent efforts, a dislocation of several months standing, and the patient lost his life from mortification of the whole arm.†

Pelletan, in his Clinique Chirurgicale, alludes to several cases of the kind, and in the eleventh volume of Johnson's Medico-Chirurgical Review (p. 452) there is a condensed account of several cases, "illustrative of the evil consequences which sometimes follow the reduction of dislocations," from the French of M. Flanbert. "The first case noticed is that of a stout sailor, fifty-seven years of age, who entered the hospital of Rouen on the 13th of March, 1824, in consequence of a forward luxation of the humerus which occurred eleven days before. On the same day the patient was admitted an attempt was made by M. Lendet to replace the bones, in which, after two trials, he succeeded. An enormous swelling followed almost immediately beneath the pectoral muscle." It was soon evident that the axillary artery had been ruptured, and upon making a post-mortem examination, two weeks after, such was proved to be the case. Several cases somewhat similar are reported by the same author (Flanbert), who concludes by remarking that "*surgeons either say less than they might about their mishaps, or that he alone had been unlucky enough to meet with all these unfortunate accidents.*"

Dr. William Gibson ‡ says: "At Guy's Hospital, 1839, a preparation was shown to me by Sir Astley Cooper, in which the axillary artery had been torn in an attempt to restore an old dislocation, when the patient was saved by Mr. Keys, who took up the subclavian artery. Several additional cases, recorded by the older surgeons, or recently, have been mentioned to me by Dr. Norris."

\* Bell's Operative Surgery, Vol. II. p. 247.

† First Lines of the Practice of Surgery, by S. Cooper, Vol. II. p. 466.

‡ Gibson's Surgery, Vol. I. p. 346.

In the Clinical Lectures and Reports of the London Hospital for the year 1865 (p. 349), we find the following interesting case: "An elderly woman was admitted so tipsy that she could give no account of herself, with a dislocation of the right humerus into the axilla. The House-Surgeon and dressers tried their utmost to reduce it, and failed. In the morning, when sober, or nearly so, she informed us that her shoulder had been dislocated for several years. I discredited her statement, believing that, as is not unfrequently the case, she wished to deceive us, in order to prevent us putting her to pain. We accordingly gave her chloroform, and again tried to reduce. The method tried was by extension directly outwards, using the knee in the axilla as a fulcrum. We did not employ pulleys, nor resort to any unusual degree of violence. The extension was manual only. We did not occupy more than ten minutes in this second attempt. Finding that the bone did not move, I concluded that the woman's story was correct, and desisted. Great inflammation followed this attempt. The shoulder-joint suppurated. The abscesses were freely opened, but the woman, who had been a very intemperate person, in spite of liberal support, sank into a very low condition, and at length died. At the *autopsy* we found a new cup of bone formed below the glenoid cavity, for the reception of the head of the humerus. The soft tissues of the joint were wholly destroyed by supuration, and every trace of cartilage removed.

"The chief interest of this case seems to me to rest, not in the circumstance that we discredited the statement of a drunken old woman, when unfortunately it was perfectly true, *but in the illustration it affords of the dangers which sometimes attend attempts to reduce old dislocations.* No injury had clearly been done by the first attempt, it was the second one which had caused the mischief. Yet this attempt was by no means a prolonged or violent one. I have often tried much longer and used much more force.

"As regards the degree of usefulness retained by a permanently dislocated shoulder, we may first note that this woman assured us that she had experienced no appreciable detriment.



She 'could do anything with the arm ; it was just as good as the other.'

"In another case which was under my care a few months ago, an old woman, who had a dislocation into the axilla of three months' standing, said that her arm was quite useful to her, and that, 'excepting lacing her stays with it, she could do anything.' She could not get the arm well behind her. She was most unwilling that anything should be attempted. *These facts, showing on one hand that this form of dislocation does not entail much inconvenience if unreduced, and on the other that attempts at reduction in old-standing cases are not devoid of danger, seem to me to point very clearly to our wisest line of practice.*"

With reference to the most distant date at which it will be proper to attempt these operations, there is some difference of opinion. Probably few surgeons would interfere in cases of more than two or three months' standing. Sir Astley Cooper says that although he has witnessed the reduction of dislocations four and even six months after the injury, he has observed that "*the injury done in extension has been greater than the advantage received from the reduction ;* and therefore in the case of a very strong muscular person, I am not disposed, *after three months*, to recommend the attempt, finding that the use of the limb is not, when reduced, greater than that which it would have acquired in its dislocated state." We have no better authority on this subject than Sir Astley Cooper, and although cases are reported in which reduction is said to have been accomplished one and a half month\* and even two years† after the injury, we still believe that such attempts are seldom if ever justifiable. Certainly no surgeon should attempt reduction when the head of the humerus appears to have formed close adhesions with the surrounding parts, or where the luxation has been of several months' standing and had been originally followed by a good deal of inflammation.

\* Philadelphia Journal of Medicine, 1827.

† Lancet, 1840, vol. xxxviii.

## Practical Hints to the General Practitioner.

BY ORIN E. NEWTON, M. D.

I HAVE often observed in some physicians, what may be considered a very great amount of negligence in giving general directions to either the patient or attendant. What I am about to write will appear to many as nothing new or useful; nevertheless, I believe there may be some of your readers who will remember many instances where, if these hints had been observed, a greater success would have resulted in their practice, and their services would have been more fully appreciated. Where the physician is practising in the cities, and his medicines are put up at the drug stores, he should always accompany his prescriptions with full directions for use, otherwise he may again be called upon for his directions, or the medicine remain undisturbed until his return, the patient and nurse having failed to recollect his verbal instructions.

In a country practice where the physician compounds his own medicine, he should first write his prescriptions, and by them put up his medicine, and a copy of this prescription filed away, to be afterwards referred to, if necessary.

The word "occasionally," which is a very common word used by many physicians, should never be used in giving directions to a patient; it produces the impression that the physician is acting quite indifferently. The directions, therefore, should be either written or spoken with emphasis. If you are repeating the directions for several orders to be carried out, and if you have any doubt of the ability of patient or nurse to understand you, they should then be required to repeat what was ordered to be done.

A want of success is often owing to the irregularity of the doses:—for instance, the physician finds an increased action of the heart. To control this, he prescribes *Tr. Veratrum* in dilution with water; and that each teaspoonful when given contain —— drops, which quantity being considered by the physician necessary every —— hours, to so reduce the

heart's action as to produce the desired effect. The medicine being obtained the nurse proceeds to administer it. With unsteady hand she pours it from the vial, and fearing she may spill it, she fills the spoon but half full—before the medicine is swallowed by the patient probably some of it will be spilled, resulting in the patient getting perhaps fifteen instead of sixty minims. Upon the return of the physician he finds himself disappointed, but is assured that the medicine was given according to directions. He now increases the dose, believing that the peculiar idiosyncrasy of the patient requires it in order to get the effect—believing perhaps, as some do, that the quantity is not to be considered, but the effect is to be the guide. A different nurse is now present, and gives the medicine with great accuracy, each dose containing —— drops, the quantity doubled or trebled, when, in consequence of an overdose, the patient is seized with spasmodic vomiting and escapes death by mere chance. To prevent such mistakes the physician should direct in the use of all liquids to place cold water in a tumbler, say two (2) tablespoonfuls, over which hold the spoon; having shaken the vial pour slowly until the spoon is full, then pour it into the water and give it to the patient. By these means you will always give accurate doses.

Again, a mustard plaster is often ordered to be made and applied. After the physician is gone, perhaps there is no one in the house that has ever made or seen such a “mixture.” The physician should always inquire if they have ever made one, if not, inform them accordingly. A mustard plaster I generally order to be made half fine corn meal, the balance the best brown mustard, if it can be had, mixed with half water and half vinegar, always protecting the skin by the use of a mosquito bar or material equally porous. The plaster is to be kept on until it produces thorough redness, generally attended with much pain. Many persons remove a mustard plaster as soon as it begins to hurt them severely; but often after the first impression the plaster can be left on with ease for some time, say from a half to one hour, without blistering. A mustard plaster should never be permitted to

blister; a very proper frequency is to re-apply it twice a day, in cases indicating counter-irritation. A physician now perhaps orders a poultice, and the patient or nurse is directed to apply a hop poultice.

When the physician calls again, the patient is wet over a large portion of the body, including his own and the bed clothing. This poultice has done more harm than good: the fault being in the nurse or patient not knowing and not having been informed how to make it. If a hop poultice is to be applied, inquiry should be made if they are familiar with the manner of making it. If they reply they are, learn from them their mode of doing it, and if not correct, give them full instructions. My way is to place a sufficient quantity of hops (the very freshest should be had) to make two poultices, into a deep vessel, as a saucepan or large-sized skillet; add sufficient quantity of vinegar and water, equal parts, to keep from burning, while heating; so that when sufficiently hot for use the hops will be only moist, and thereby preventing subsequent wetting of everything that comes in contact with the poultices. A large-sized flannel bag, made with one end left partly opened, can be pinned up ready for use when the hops are in. While one poultice is cooling have a duplicate one ready with which to replace the first when the first requires removing. The temperature of the poultice should be made warmer than the parts to which it is applied. When ready to be put into the bags, sprinkle a little corn-meal, to render them more adhesive and more easily handled. The poultice being placed to the part on which it is to be used, around it place a piece of old flannel to keep it on. In this manner hop poultices can be kept on for hours without even soiling the clothing.

Again, a common way of taking cathartics in pill form, is to order —— pills at night. If they produce no action on the bowels by morning, take —— more. The number of hours, as an average, required to open the bowels, should be permitted, after which the second dose should be given, and these hours should always be named. Besides, upon the return of the physician, the pills are often not taken—the pa-



tient being unable to take pills. Therefore the patient should be questioned if he has ever taken pills, and if not, he should be told how. A plan adopted by me, I find, when practised, enables any one to take them with ease. Thus : let the pills be placed between the thumb and two first fingers of the left hand, and a tumbler, one quarter full of fresh, cool water, in the other. Take into the mouth water, holding it there ; to be followed by the pills ; immediately after, take more water into the mouth, swallowing at the same time,—when the second swallow draws the first, containing the pills, and they are easily swallowed. In giving cathartics, the physician should always have in view the number of operations he wishes the medicine to produce, and give his directions accordingly to check these operations, if they continue beyond his expectations, such a precaution is *highly essential in conditions like cholera*.

Baths should always be taken with especial care as to the temperature of the water. Much injury is done in leaving it optional with children or with the mothers as to the time for the patient to remain in the bath. Some persons cannot use a general bath, as it invariably produces catarrh or influenza. Such persons should never be permitted to go into a bathing tub. Their peculiarities should always be inquired into in ordering a bath.

*Diet.*—Many patients are requested to diet themselves. When such directions are given, the exact articles of diet should be named as allowed, from visit to visit, and the quantity of the same.

The physician will often find it to his interest, as well as the patient's, to recommend beef tea, it being an article of the easiest digestion and of the most nourishing nature for nearly all cases of convalescents. Most generally the question will be, "How is it made, Doctor?" When I am asked, I answer, "Take one pound of lean fresh beef—the rump is the clearest of fat, which is always desirable ; cut it into very small pieces, place it in a saucepan ; to this add one pint of water ; let it boil very slowly until the quantity is reduced to about one teacupful, medium-sized ; then pour it off, and

season it with the very smallest quantity of red pepper instead of black. Fine table-salt is to be always used instead of the coarse, if it can be had. This tea, together with a roasted potato, soft toast, and a cup of tea, makes a very fine lunch for the majority of convalescents, particularly those recovering from typhoid fever. When chicken tea is to be made, the bones should be crushed, and the mass prepared in the same way.

*Stimulants.*—Alcoholic drinks should, as a general thing, not be allowed when not absolutely required; but, if allowed, state their kind, as they are often a chemical compound totally incompatible with the medicine ordered. A positive prohibition will only govern this matter with some patients.

*Regularity of hours for eating.*—There are a class of patients around every city and small town, who perhaps will be able to visit your office for advice—who, if not otherwise ordered, will lie in bed until eleven o'clock before they breakfast: thus their three meals will be eaten between the hours of 11 A. M., and 4½ to 6 P. M.; and thus being seventeen or eighteen hours without eating. All cases visiting your office, who are not engaged in business, should be required to eat at fixed hours, taking each meal at least from four to six hours apart. This matter will go unobserved often without being especially inquired into and otherwise directed.

*Drinking water.*—The extravagant drinking of water produces injurious effects in cases of dyspepsia, and should be especially guarded against. A very safe rule is to drink just before or while eating, as little as possible. The strength of the stomach in dyspepsia should be husbanded; therefore the more water or fluid there may be mixed with the food, the longer the stomach will be occupied in digestion, as, in the process of digestion, the solids are only acted upon when the fluids are disposed of. Thus an increased action of the stomach is required when the excessive use of fluids is not prohibited.

Pure air is very often entirely excluded from sleeping-rooms, if not otherwise ordered. Many persons sleep with doors and windows closed during all seasons, which is in every particular contrary to the laws of health.

*The time for rising in the morning.*—In a new country, all persons engaged in physical labor should always eat their breakfasts before commencing work, so that the sun be permitted first to absorb the heavy dews, containing poisonous exhalations from the earth. These exhalations, when imbibed on an empty stomach of perhaps eleven or twelve hours fasting, and when the power of resistance to the cause of diseased action is very feeble, are the cause of so many fevers in the early opening of the western country. When the country becomes opened through the influence of drainage, together with the changed habits of the people in respect to their eating before working, these miasmatic influences have to a great extent passed away.

Physicians living in an undeveloped country should impress these facts upon their patrons.

A physician's office should be kept with a high regard for neatness and comfort, which adds in producing a favorable impression of him and his business, as the appearance of the physician and his office is often taken as indication of the character of his professional success. If he keeps his own medicines, he should have a full supply of every article likely to be wanted. A correct system in replenishing his stock can be adopted, by which the proper remedies will be always on hand. This rule should be observed strictly.

I have said no physician should deliver medicines to his patients without a label on the bottle or box containing full directions. He should have prepared everything that may be wanted in case of accident or in case of hasty calls, such as splints, bandages; his pocket-case well supplied; stomach-pumps, male and female catheters, adhesive plasters, and needles. The most reliable styptic should always be with him for use, with antidotes for the ordinary poisons.

An Index Rerum should be kept, with a view of noting down all the most scientific and practical hints taken as the gleanings of the standard authorities; besides, he must have as many medical journals as his time to read will permit, for it is a poor medical journal that does not contain in each number important practical recommendations sufficient

to compensate the subscriber for the whole year, to those especially who are engaged in a large practice. New diseases are constantly portrayed; also superior treatment for old diseases are constantly furnished through the medium of monthly medical periodicals.

The departments of pharmacy and chemistry are continually developing new facts which can only be learned from general and close reading. The physician should therefore supply himself, as his time and means will permit, with the latest standard authorities, and with the old ones also.

Many old books contain that which, when read, would be to many, new and important truths.

The physician will find it to his interest, when he does an office business, to secure the aid of an intelligent assistant, or have with him a medical student, as there are very many duties to be performed in a medical office that it will be to the advantage of the physician to have done: all inquiries made during his absence should be intelligently and gentlemanly attended to. Prompt attention to all calls is highly appreciated.

The practice of medicine should be an exclusive calling to those who engage in it, and no one should have a hope of establishing a successful practice who does not occupy that relation to his patients.

CINCINNATI, *October*, 1867.

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## PERISCOPE.

*New York Pathological Society. Stated Meeting, June 14, 1865. DR. GURDON BUCK, President, in the chair.*

\* \* \* \* DR. SANDS exhibited a mass of uterine tumors, and gave the history of the case, as follows:

It is my painful duty to exhibit to the society a specimen obtained from a woman, whose death was caused by a surgical operation to which she submitted by my advice. She first came under my notice about three months ago, having been sent to me as the supposed subject of ovarian disease, by a medical gentleman in this city, with a view of having



an operation performed. The patient was an unmarried woman, 45 years of age, and of healthy parentage. She belonged to a long-lived family, and having a disease which she supposed would terminate her life in a short time, felt a natural anxiety to be cured, if possible, and to live as long as her ancestors had. I examined this woman with regard to her history, and I found that an abdominal tumor made its appearance seven years before; the patient was very positive in saying that it first showed itself in the left iliac fossa; that the growth was at first gradual, but that in a year's time it had attained a very considerable size. Just at the time of consulting me her particular grievance was the weight of an umbilical hernia, in the sac of which was accumulated a considerable amount of peritoneal fluid. She represented to me that her health was suffering severely; that life, under the circumstances, had no attractions for her, and that she desired to have an operation performed. An examination of the tumor led me to suspect that it was not of ovarian but of uterine origin, although certain facts in her history and in her physical examination pointed strongly to the existence of ovarian disease. On inquiry I found that menstruation had never been excessive, but that occasionally she had suffered from a suspension of the flow; at no time had there been anything like uterine hemorrhage.

The enlargement of the abdomen was very great. I did not measure it myself, but the measurement was made by my friend, Dr. Sabine, at the New York Hospital. He found the greatest measurement around the umbilicus to be forty inches. The umbilical opening was circular in shape, two inches in diameter, and there was considerable distension of the sac. In order to prevent the protrusion of this hernia the patient had been obliged to wear a truss, and it was this inconvenience, added to that caused by the tumor, which led her to seek relief from an operation.

This set of tumors (referring to the specimen) could be partly made out through the abdominal walls, which, by the way, had no very considerable thickness. I could distinguish this swelling, which is a fibrous tumor springing from the fundus of the uterus, immediately below the umbilicus. The uterus itself, which lies beneath, I could not distinguish through the parieties of the abdomen. I was able to feel a swelling of considerable firmness in the left iliac fossa, and a much larger one, in fact, the largest of all, existed above and to the right. The tumor allowed an examination through the open umbilicus, and the larger and smaller swellings could be separately distinguished. In regard to fluctuation,

I was not certain. It is true that fluctuation existed, but the presence of some dropsical fluid in the abdominal cavity so masked the feeling of deeper fluctuation that, as I said before, I could not be positive about it. I made a vaginal examination, and with great difficulty was able to reach the os; there was no vaginal cervix, for the reason that the uterus had ascended so far from the outlet of the pelvis. The uterus was very decidedly to the left of the median line; I was confirmed in this opinion by the uterine sound, which took a direction upward and to the left. The instrument penetrated to the depth of  $3\frac{1}{2}$  inches, and, during an examination which Dr. Krakowizer had the kindness to make afterward, it penetrated about 4 inches. The instrument went up and to the left, and there did not seem to be any considerable thickness between the finger outside and the point of the instrument within the uterus. On endeavoring to move the uterus by rotation of the sound it was found impossible; but on taking the handle of the sound in the left hand, and moving the mass upon the left side with the right hand, a distinct movement was communicated to the handle of the instrument. This made me believe in the existence of a uterine rather than an ovarian tumor. I subjected the woman to several examinations, but was not able to arrive at any more satisfactory conclusion. I was induced to operate partly on account of the woman's urgent request, and partly because I thought it very manifest that her health was suffering from the burden of this swelling and the additional weight of the hernial protrusion, and also because I had made up my mind that uterine tumors could be successfully extirpated. I was led to this conclusion by reading the two cases given by Mr. Clay, of Manchester, and the one by Keiberly, of Strasburg. I omitted to state that there was very decided mobility of the abdominal swelling. The woman went to the hospital and was submitted to a formal consultation; an operation was decided upon, and this I performed on the 12th inst.

The patient being placed under ether, the operation was commenced by an incision in the median line, about  $3\frac{1}{2}$  to 4 inches in extent, below the umbilicus. The abdominal cavity was reached with great facility. I introduced my right hand, and swept it over the left surface of the tumor, and with my left hand felt the right surface of the tumor and could detect but a single adhesion of about three-quarters of an inch in extent to the great omentum. I should state that at this time the diagnosis was still uncertain; it was not evident to those who saw the swelling through the incision what was

the nature of the tumor. It was considered right to prolong the incision upward. I accordingly enlarged the incision, and thought it necessary to make a very long one, nearly up to the summit of the tumor. That being done, I was able, by placing my hand behind it, to dislodge it from the abdominal cavity, and bring it into view. It then did not appear to be a fibrous tumor, and I was so much in doubt of its character that I tapped it, but no fluid was found. To my great disappointment, on passing down into the pelvic cavity I found that my hand was arrested by large and firm adhesions. My impression was, at this time, that the further prosecution of the operation would be fatal to the patient; yet I readily yielded to the advice of my colleagues to proceed with the extirpation of the tumor, as I had reason to believe, with the other gentlemen present, that if the mass were returned the woman would certainly die, while by the removal of the mass she might have a chance of life. We accordingly commenced the dissection, which was a very difficult operation, as step by step we were met by dangers in the shape of blood-vessels of various sizes, large and small. Towards the last the operation had to be hurried, as the woman showed signs of fainting; and after much trouble, and a great deal of embarrassment, this tumor was finally removed. The mass was removed above the line of implantation of the vagina into the cervix uteri. As soon as this was completed, it became evident that there was very alarming, exhausting hemorrhage. The sponges were removed, and pressure made upon the bleeding points, and these points were secured as fast as possible. The main hemorrhage was found to come from a rent in the common iliac vein. The summit of the bladder was unavoidably ruptured; it was, however, closed again by the application of a ligature. The operation consumed about one hour and a half, and, notwithstanding the free use of stimulants, the patient sank and died a few minutes after its completion. Death, in my opinion, was mainly due to hemorrhage taking place from large blood-vessels in the pelvic cavity, which were unavoidably lacerated during the operation. Regretting, as I do, the unfortunate termination of the case, I am still inclined to regard the disaster as one which might happen in the extirpation of an ovarian as well as a uterine tumor, and can see no reason why, in the absence of deep-seated, extensive adhesions, the removal of the uterus might not be accomplished with a favorable result.

An examination of the mass removed shows it to consist of the uterus and appendages, the former being the seat of



a large number of fibrous tumors, some of which are developed in its walls, the largest, however, forming nearly independent growths, connected with the uterus only by long, narrow pedicles. The uterus itself is nodulated externally, but preserves nearly its regular figure ; it is greatly hypertrophied, however, measuring nine inches in its longest diameter. The uterine sound can be made to pass over seven inches through a somewhat tortuous canal. The mucous membrane lining the interior is slightly thickened and vascular, but otherwise healthy. The principal outgrowths from the uterus are three in number, one attached to the summit and one to either side of the body of the organ—that upon the right side being the largest. On section these tumors exhibit the usual appearances of the softer variety of fibrous growth, resembling in many places œdematous areolar tissue. The largest tumor—that in the right side—is the seat of several cysts containing serum. The mass, three days after removal, weighed sixteen pounds, but as it diminished considerably in bulk from the loss of fluid during the interval, it is estimated to have exceeded twenty pounds in weight at the time of the operation.—*New York Medical Journal*, December, 1865.

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*Extirpation of the Uterus by Mistake for Ovarian Tumor.*

DR. E. KRAKOWIZER presented to the New York Pathological Society the body of a uterus, in the walls of which was imbedded a large fibroma, taken from a woman forty-eight years of age. She was always in most excellent health, and menstruated regularly up to the time of the operation. About two years ago she felt that her health was becoming somewhat impaired. One year ago a swelling in the lower part of the abdomen appeared ; it did not increase, however, to any considerable degree, or with any marked rapidity, and its presence only occasioned her uneasiness.

“Dr. K. saw her for the first time about six weeks ago. The tumor, which was about the size of a child’s head two years old, was felt occupying the lower part of the abdomen. It was smooth, elastic, painless on pressure, and movable from side to side. On making a vaginal examination, it was found that the mass bore down behind the symphysis pubis, and had crowded the uterus backward. The os was felt on the posterior part of the tumor. A uterine sound entered with great facility to the depth of two inches and a half behind the tumor. When the sound was grasped by one hand and



the tumor held with the other, it seemed to move independently; I therefore concluded that I had a simple ovarian tumor to deal with, and that the uterus was normal and unconnected with it. I supposed that the pedicle was a pretty short one. No examination per rectum was made.

The condition of things was explained to the woman, and she most decidedly preferred to have a radical operation undertaken. Dr. K. then called in Dr. Kammerer, who made an examination, and corroborated the former opinion in every respect, except that he thought that the tumor originated from the left side, while Dr. K. was of the opinion that it came from the right side.

After chloroform was administered, an incision was made midway between the umbilicus and symphysis pubis to the extent of four inches, and the tumor was presented. At the previous examinations, never having felt any fluctuation, Dr. K. was of opinion that the walls of the cyst were very thick. When the peritoneal cavity was opened sufficiently wide so as to introduce the hand, it was found that the omentum was adherent in several spots on the surface of the tumor. On the left side a band was detected, with a somewhat cylindrical yielding mass in it, which seemed to be the dilated Fallopian tube of the left side. On bringing the hand between the promontory and the tumor, the mass was found to be connected most intimately with the cervix uteri. Before that was done, however, a trocar was plunged into the mass, and on introducing the trocar, Dr. K. became aware that he had to deal with a solid tumor, as no fluid escaped and the end of the trocar was firmly held fast. A great deal of venous oozing took place from this spot. Between the promontory of the sacrum and posterior aspect of the tumor Dr. K. could feel plainly the left ovary, and he could also ascertain that the mass was a continuation of the cervix uteri. The uterine sound was passed to the depth of two inches and a half; it was also evident that the tumor was springing from the lower portion of the body of the uterus, which a little above the inner os was swelling out rapidly into a globular tumor.

The question then arose whether it was best to desist from the operation or go on. The latter was decided on. Dr. K. ligated both Fallopian tubes, and of course part of the broad ligament, and after the ligation of these bands, and when the tumor became more movable, he lifted it out of the abdominal cavity, pulling it well up above the symphysis pubis, so that the neck of the tumor could be seen and felt. He then

carried the chain of the *écraseur* around it, and proceeded very slowly to close it. He was fully three-quarters of an hour in accomplishing this, in the fear that by proceeding more rapidly hemorrhage might ensue. After the chain had worked through the rest of the womb, that is, the cervix being still on the stretch above the symphysis, no hemorrhage was visible, but as soon as the stump was fairly liberated the whole field of the operation was deluged with blood. The stump was again grasped with the forceps, and both uterine arteries were secured, but the uterine veins, as well as several sinuses in the cervix itself, continued to pour forth blood, and these with great difficulty were at length secured. For greater security against accident, a silver wire was twisted around the end of the stump, and the ends brought out of the wound.

The loss of blood was considerable, but the pulse did not indicate an anæmic condition of the body.

The operation took fully two hours and a half. The wound was closed with five silver wire sutures. A hypodermic injection of Magendie's solution was then administered, which caused an hour's sleep. Four drops of Magendie's solution was given every hour during the night. After midnight she became restless and vomited several times. It was then very evident that peritonitis was extending rapidly. A second hypodermic injection was made, and large doses of Magendie were given. At four o'clock she died.

No post-mortem examination was made.

The specimen has been incised by a longitudinal cut, and it will be seen that a large fibroma is imbedded in the walls of the uterus, and that this mass has nothing to do with the cavity itself."—*Medical Record*, Sept. 1, 1867.

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*Nitrate of Potash in the Cure of Intermittent Fever.*

In the *St. Louis Medical and Surgical Journal*, Amos Sawyer, M.D., of Hillsboro, Illinois, publishes the following formula:—℞ Potassæ nitrat., gr. x.; spts. vini gallici, vel aquæ, f. ʒ ss. M. Take immediately. He says: The above prescription I have used with great success in the cure of intermittent fever, even where quinine has failed. In my opinion no preparation is equal to it; for it possesses anti-periodic properties completely, and may be administered when the stomach would not tolerate quinine. I deem it a specific in ague; for I have never failed to arrest the paroxysm if uncomplicated. You will also find that the patients

are less liable to relapse than in those cases cured by quinine. In the cold stage, if administered in a full dose, and the patient be placed in bed and covered with blankets, he will, in a few minutes, experience considerable heat, which will be followed by copious perspiration, and every unpleasant feeling will vanish. It is seldom the patient will experience a second attack. When it is more agreeable to the patient, the powder may be placed on the tongue and permitted slowly to dissolve.

I shall not attempt to explain the action of this medicine on the system in the cure of ague; but will leave that to older heads than mine to determine; still, we do know that after it is taken into the stomach and becomes absorbed, it has the chemical effect of changing the dark-colored venous blood to arterial—or at least it changes its color. It also acts on the kidneys as a stimulant, producing diuresis as well as diaphoresis, and in this manner may rid the system of the poison that causes the ague; provided that poison is produced “by the retention of materials destined for excretion.” This medicine more closely resembles nature’s mode of curing this same disease than any other, as she cures by copious diaphoresis as well as diuresis, or, in other words, by elimination.—*Ibid.*

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*A New Process for Preparing Anatomical Specimens.*

DR. BRUNETTI, of Padua, who received a gold medal at the Paris Exposition, has generously communicated to the international Medical Congress the following particulars of his valuable invention. The process comprises four several operations, viz.: 1, the washing of the piece to be preserved; 2, the *dégraissage*, or the eating away of the fatty matter; 3, the tanning, and 4, the dessication.

1. To wash the piece, M. BRUNETTI passes a current of pure water through the blood-vessels and the various excretory canals, and then he washes the water out by a current of alcohol.

2. For destroying the fat he follows the alcohol with ether, which he pushes, of course, through the same blood-vessels and excretory ducts; this part of the operation lasts some hours. The ether penetrates the interstices of the flesh, and dissolves all the fat. The piece, at this point of the process, may be preserved any length of time desired, plunging in ether, before proceeding to the final operations.

3. For the tanning process M. BRUNETTI dissolves tannin

in boiling distilled water, and then, after washing the ether out of the vessels with distilled water, he throws this solution in.

4. For the drying process Dr. BRUNETTI places the pieces in a vase with a double bottom filled with boiling water, and he fills the places of the preceding liquids with warm, dry air. By the aid of a reservoir, in which is compressed about two atmospheres, and which communicates by a stop-cock and a system of tubes, first to a vase containing chloride of calcium, then with another heated, then with the vessels and excretory ducts of the anatomical piece in course of preparation, he establishes a gaseous current which expels in a very little time all the fluids. The operation is now finished.

The piece remains supple, light, preserves its size, its normal relations, its solid elements, for there are no longer any fluids in it. It may be handled without fear, and will last indefinitely. The discovery is a magnificent one, and the sooner medical schools are provided with full cabinets of natural pieces the better.

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*Report of the Scientific Committee appointed to investigate the Physiological and Therapeutical Effects of the Hypodermic Method of Injection.*

WITHOUT objecting to the word hypodermic, the Committee resolved to employ the term subcutaneous in their report. The conclusions have been drawn from experiments on animals and on man in health and disease; from personal evidence of experienced medical men given before the Committee; from records of facts and other communications in answer to a series of questions drawn up by the Committee. The subject intrusted to the Committee was the physiological and therapeutical effects of this method. I. *Physiological Division*: The first experiments were made to determine the quantity of water that can be injected under the skin. It was found that the quantity varies directly as the yielding and elastic quality of the skin at the locality injected. Watery solutions of drugs were used for injection, and it was found that neutral solutions, as a rule, were tolerated, but that very acid and very alkaline solutions were apt to cause irritation. Experiments were made for the purpose of comparing absorption by skin and vein, and it was found that a drug injected subcutaneously was far less rapidly absorbed and less intense in its effects than when it was introduced into a vein. In the numerous experiments made by the Committee no symptoms have arisen which would lead them



to conclude that the drug subcutaneously injected had been thrown into a vein. The pain of injection was found to depend to some extent on the density of the skin; the less the resistance presented to the needle, the less the pain experienced on the puncture. The Committee directed their attention to the effects of this method of administering various drugs, as compared with those methods in general use—viz., the mouth and the rectum—and the special points examined were, the relative rapidity of absorption, the intensity and duration of the effects following each method of administration. The following alkaloids were used: Aconitia, atropia, morphia, strychnia, and quinia. Experiments were also made with Calabar bean, conia, hydrocyanic acid, iodide of potassium, podophyllin, colocynth, aloes, and Battley's solution of opium. In the experiments with aconitia on animals the local action of the drug was exhibited in different ways, though the general type of symptoms was the same by the three methods—by the mouth the drug affected the salivary glands, by the rectum it irritated the gut, by the skin it gave rise to local pain. The smallest dose found to produce death in rabbits was—by the mouth,  $\frac{1}{60}$ th gr.: by the rectum,  $\frac{1}{30}$ th gr.; by the skin,  $\frac{1}{300}$ th gr. With atropia it was found that there was a stage of excitement which followed the subcutaneous injection of the drug, and was a remarkable feature of this method. Tables of the effects of this drug on man were given, and it was found that  $\frac{1}{160}$ th of a grain subcutaneously was sufficient to accelerate the pulse considerably. The comparative effects of morphia by the three methods were then described; the train of symptoms was found to be closely similar. A table of the effects on rabbits and on man was given in a concise form, showing that the effects of the drug injected under the skin were more rapidly manifested and more intense than by the other methods. Some interesting results were obtained from the experiments made with quinia on man. When the drug was injected into the cellular tissue, considerable elevation of the temperature was observed, this symptom being slight or inappreciable when the drug was taken (in the same quantity) by the mouth or by the rectum. Series of experiments were made in a similar manner with Calabar bean, conia, strychnia, and hydrocyanic acid, and the results obtained were tabulated in a convenient form. Experiments were also made with iodide of potassium on a healthy man who had congenital extroversion of the bladder; the drug produced some local irritation, which prevented the completion of the series. A solution of podo-

phyllin injected under the skin was found to give rise to free diuresis—a symptom which was characteristic of this method of administering the drug. Experiments were also made with solutions of colocynth and aloes, but considerable irritation followed their use. II. *Therapeutical Division*: The Committee were limited in the number of drugs that could be used, from the locally irritating properties which some valuable medicines possess. Although many experiments were performed to test the value of local injections, the Committee failed to obtain any evidence to show that the local predominates over the general effects. Investigations were then made of the therapeutical value of this method of administering various drugs. Aconitia was found to give rise to so much local tingling that the drug was considered unfit for subcutaneous injection. In case of simple neuralgia, atropia was considered to have a very beneficial effect when thus given, and in some cases more permanent relief was found to follow its injection than that of morphia. The Committee believed that the value of morphia was materially enhanced by this method, as the action of the drug is not only secured with greater intensity and rapidity than by the ordinary modes, but the duration of its effects is prolonged. The same advantages characterize this mode of giving quinia in intermittent fevers, but some caution is requisite in giving large doses of this drug, as irritation may arise from its presence under the skin. The conclusions which the Committee deduce from their investigations were—1. That, as a general rule, only clear neutral solutions of drugs should be injected, for such solutions rarely produce local irritation. 2. That, whether drugs be injected under the skin, or administered by the mouth or rectum, their chief physiological and therapeutical effects are the same in kind, though varying in degree. 3. But that symptoms are observed to follow the subcutaneous injection of some drugs which are absent when they are administered by the other methods, and, on the other hand, certain unpleasant symptoms which are apt to follow the introduction of the drugs by the mouth and rectum are not usually experienced when such drugs are injected under the skin. 4. That, as a general rule, to which, however, there may be exceptions, clear neutral solutions of drugs introduced subcutaneously are more rapidly absorbed and more intense in their effects than when introduced by the rectum or the mouth. 5. That no difference has been observed in the effects of a drug subcutaneously injected, whether it be introduced near to, or at a distance from the part affected. 6. That the advantages to be derived

from this method of introducing drugs are—(a) rapidity of action; (b) intensity of effects; (c) economy of material; (d) certainty of action; (e) facility of introduction in certain cases; (f) with some drugs the avoidance of unpleasant symptoms. This plan, therefore, is most likely to be adopted where very rapid and decided effects are required from drugs which are operative in small doses.—*Med. Times and Gazette*, August 10, 1867.

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## EDITORIAL.

### Medical Ethics.

WE call special attention to the article in this number under the above caption. It is copied from the *New York Daily Tribune* of Oct. 21st, 1867. The editor exposes the inconsistency of the New York Academy of Medicine in a way that should make them consider whether the course they pursue is for the good of medical science.

If our readers will refer to pages 220 and 224 of this number they will see a fair exposition of two members of the Academy of Medicine. Certainly these members do not correctly diagnose between an ovarian tumor and a uterus. Why does the Academy ignore this dreadful malpractice?

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### A New Medical College for Women.

WE have just learned that an "*Eclectic Medical College for Women*" is to be organized immediately in this city. The Board of Trustees are of the highest respectability and influence, and decidedly in favor of Women being educated in Medicine, as well as having separate Colleges for this purpose. It is expected this School will begin its course of Lectures in December, 1867, under circumstances that will make it to the advantage of all who wish to attend a College for Women, to embrace the opportunity.

We will give our coöperation, and the influence of the Review, to carry out this noble enterprise, and we have no doubt of its complete success.

For information address Maria B. Hayden, M. D., 64 Irving Place New York.

### The American Eclectic Medical Register.

IN consequence of not being able to obtain a correct list of the membership of several of the Eclectic Medical Societies, the work had to be delayed for a few weeks. It is now nearly ready for the bindery, and will be issued soon.

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### Dalton's Physiology.

WE have received a copy of this valuable work from the Publisher, H. C. Lea, Philadelphia, and prepared a lengthy notice of the same for the present number of the Review, but by some mishap, it disappeared from our table too late to be supplied before going to press.

The next number will contain a full review of the work.

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### Empire Chemical Laboratory.

THE extensive operations of this manufactory for preparing Medicines for the profession, are meeting with genuine success. The business is already large, and all who have used them express complete satisfaction with their action.

Under the direction of C. T. Hart & Co. we have no hesitation in saying their medicines are in every respect worthy the confidence of the Medical Profession.

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### Correction.

THE letter from Dr. O. E. Newton on page 187 of the October number failed to have his signature, by the printer assuming to make a change in the arrangement of the matter after the revised proof had been delivered to him.

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## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

BRANDE & TAYLOR'S CHEMISTRY. Second American edition, thoroughly revised by Dr. Taylor. In one handsome 8vo volume of nearly 800 pages. Philadelphia, Henry C. Lea; New York, Balliere & Bros.

WE have regarded Brande's old Chemistry as one of the ablest works upon this science extant. As it has got a little behind the times, Prof. Brande, and Prof. Alfred C. Taylor, have got out a new



work, which brings the science up to the present day. The first feature the reader will notice in this work, is the retention of the old notation, to the entire exclusion of the new. As most of the late works upon this science have adopted the new notation, or at least in part, the surprise will be the greater, that Messrs. Brande & Taylor have not done so likewise. But their reasons for not having done so, are cogent and philosophical. The object in instituting any new system is to avoid errors in the old one, and to substitute for it a better one. If the new notation is preferable to the old one, then it should be adopted, but not otherwise. The reasons given by our authors for not adopting the new system is, that it is no better, if as good as the old one. While it introduces complexity, and changes the formula of well-known compounds, so that chemists are not able to recognize them, unless they familiarize their appearance by considerable study, there is nothing gained by this alteration. This new system has for its object the establishing of a constant relation between the atomic weights of bodies, their specific gravities and volume. In order to carry out this object, hydrogen is regarded as the standard or unit for atomic weight, specific gravity, and combining volume. In order that this new system shall be carried out, the equivalents of many of the elements will necessarily have to be doubled. In fact, we may say, that all of the elements would require to be doubled, or so nearly all that no little confusion would be the result, to those who are habituated to using the old atomic weights. For instance, Oxygen instead of being 8 would have to be 16—Sulphur would be 32 instead of 16, and Carbon 12 instead of 6. Upon this assumption the formula of water would be  $H_2O$ , and sulphuretted hydrogen  $H_2S$ , &c. As another instance of the change which the formulæ of bodies would undergo by the adoption of the new system, we will adduce the well-known nitrogen compounds, and give both notations.

| Old notation.    |                        | Unitary notation. |
|------------------|------------------------|-------------------|
| N O              | Protoxide of Nitrogen, | $N_2O$            |
| N O <sub>2</sub> | Deutoxide of Nitrogen. | N O               |
| N O <sub>3</sub> | Hyponitrous Acid       | $N_2O_3$          |
| N O <sub>4</sub> | Nitrous Acid.          | N O <sub>2</sub>  |
| N O <sub>5</sub> | Nitric Acid            | $N_2O_5$          |

It will be perceived that under the old notation, the progressive increase of the atoms is in accordance with the law of Multiple Proportions; but upon the new system, it requires that three of these compounds should have two atoms of Nitrogen entering into their composition, while the other two combinations have but one. Now this is mere assumption, and only renders the simplicity of these Nitrogen Compounds very complex, without increasing our actual knowledge regarding the rational composition of these bodies. This inconsistency of the new system is still more manifest in the Anhydrous Nitric Acid and the Hydrated, thus:

| Old notation.        |                      | Unitary notation.  |
|----------------------|----------------------|--------------------|
| N O <sub>5</sub>     | Anhyd. Nitric Acid.  | $N_2 O_5$          |
| N O <sub>5</sub> H O | Hydrous Nitric Acid. | H N O <sub>3</sub> |

Where it will be observed, that the same compound, by the new system, is represented, as in one case containing one atom of Nitrogen in the hydrous state, and two atoms in the anhydrous state. What influence the presence of water, or its elements can exert, as to require one atom of Nitrogen less by their presence, is to us inappreciable. It does really look as our authors say, that the supposed advantages of the new notation are more than counterbalanced by the disadvantages which necessarily accompany it. To retain, likewise, the old names of substances, would not be in accordance with the new notation—hence we have a new nomenclature to encounter; as for Hyponitrous Acid, we have *Nitrous Anhydride*; for Nitrous Acid, *Nitric Tetroxide*; for the familiar old Nitric Acid, *Nitric Pentoxide*; and for Hydrous Nitric Acid, *Hydric Nitrate*, &c.

These objections, and many others which we have not the space to instance, have induced Messrs Brande & Taylor to retain the old notation—at least until a new one shall have been perfected obviating the objectionable features of the present new one. As the ablest intellects of all countries are at present engaged upon a notation which will be free of the objections belonging to the present one, we think that the time is not far distant, when we shall be provided with a system of notation which, while it will greatly simplify the old one, will add perspicuity to the rational formulæ of the complicated compounds of Organic Chemistry.

While, therefore, we agree with Messrs Brande & Taylor in not for the present adopting the notation coming into use, we think that it is right to describe it, and to point out its advantages and defects, so that the student may be prepared to understand the still more perfect one, which is undoubtedly destined for universal adoption by and by.

Although our authors have not adopted the new notation, like too many others, simply because it is new, the reader must not suppose that they have fallen behind any in those facts, susceptible of demonstration, which the labors of modern chemists have brought to light. In fact, no late work, that we have seen, is so closely brought up to the present date, as this work. The chapter upon OZONE and ANTOZONE, for instance, is exhaustive upon this subject. So likewise the chapter upon SPECTRAL ANALYSIS; in fact every page of the present edition has had new matter added to it, and exhibits evidence of careful and extensive research up to the day of publication.

The arrangement of the work is unexceptionable; while the comprehensive and lucid explanations of processes and compositions render the study of the work a task of pleasure. We observe that it is the fashion in too many late works to assume that German style of diction, which those metaphysicians are so often led into in their explanation of ideas which really they do not thoroughly comprehend themselves. A turgid diction, involving language wherein unnecessary neology is brought into play, in order to convey to the mind a conception of the profoundest thought, should not be imitated in a work devoted to physical facts, and susceptible of demonstration

practically. This is too often adopted in late chemical science. Perspicuity is sacrificed to the search for unfathomable and intricate thought, for the prurient desire to appear profound and erudite. Those who thoroughly understand what they propose to write about, never fail to convey their thoughts in elegant and lucid language, which requires no great amount of mental effort to comprehend. This work of Brande & Taylor, exhibits a direct antithesis to that we have alluded to, for while the language is elegant, perspicuous, and clear, it is free from periphrases and circumlocutions. Devoid of long and garrulous descriptions—still all is said that is required, to convey to the understanding a thorough comprehension of the subject treated upon. For the above reasons we would highly recommend this last edition of Brande and Taylor's Chemistry to the medical student and the general reader, as one of the ablest—if not *the* ablest work upon the subject extant. The mechanical part of the work is unexceptionable, as is the case with all the books got up by Henry C. Lea.

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THE PHYSICIANS' VISITING LIST for 1868. Lindsay & Blakiston. Philadelphia. Price, for 25 Patients, \$1 25.

THIS almost indispensable little work is issued in its usual neat and unexceptionable style. It is what it purports to be, *a Physician's Visiting List*, and contains in addition, an Almanac; Table of Signs; Marshall Hall's Ready Method in Asphyxia; Poisons and their Antidotes; Table for Calculating the Period of Utero-Gestation, etc., etc. It is admirably and conveniently arranged, and we cheerfully recommend it to the attention of physicians.

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## NEWS AND MISCELLANY.

MORTALITY FROM SCARLATINA IN ENGLAND.—The average amount of scarlet fever that constantly exists in England may be estimated from the fact that in the twenty-one years from 1838-42 and 1847-62, the deaths numbered 910,720, or 14,796 annually. In fact scarlet fever is nearly as fatal as the entire class of fevers summed up by the Registrar-General under the generic term "typhus." In 1863 the total deaths from scarlet fever were 30,475, or 148 per 100,000 population. The annual average death-rate from this malady in London during the twenty-six years ending 1862, was 83 per 100,000 population. The mortality ranged from 32 in 1841 to 174 in 1863. In the quinquennium, 1839-43, the yearly average was 78; in that of 1844-48, it rose to 88; in that of 1859-63 it increased to 115; the death-rate of 1863 being 174, or more than double the average of the twenty-six years, 1838-64.

The census of 1860 shows that the total number of deaths from scarlatina in the United States in that year was 26,393.



SULPHATE OF SODA AS A REMEDY FOR MACULÆ OF THE CORNEA.—Dr. De Luca reports to the French Academy of Sciences that sulphate of soda, which has the property of maintaining the fibrin of the blood in a fluid state, may be used with success in removing these spots. The best method of using it is to reduce the salt to a fine powder, and drop a pinch of it into the eye of the patient while in a horizontal posture—the salt is soon dissolved in the liquids of the eye.

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BEER VERSUS BREAD.—The amount of nutriment contained in beer is generally greatly over-estimated. Leibig asserts that in 1,460 quarts of the best Bavarian beer there is exactly the nourishment of an ordinary two and a half pound loaf of bread. This beer is about on a par with our best American beer. Instead of being a condensation of the nutriment contained in the grain in just so far as the liquid has undergone fermentation the nourishment has disappeared.

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SUPPORT MEDICAL JOURNALS.—No man can fulfil the mission of a doctor unless he takes a good medical journal, and it is useless to cry poverty. The best investment a practitioner can make—one that insures him bread, meat and clothes—is not six, but fifty dollars' worth of good medical journals. If a man practises without this sort of communion with his brethren throughout the world, he deserves to be poor. Surely the community in which he lives has a right to keep him so.—*Southern Journal of Medical Science*.

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#### CONSANGUINEOUS MARRIAGES.

MR. EDITOR :—The following paragraph from the Paris correspondence of *The Evening Post*, of this city, gives a statement in regard to marriages of kindred, demonstrating their innocence in a physiological point of view, which goes to confirm the view taken by many physiologists :

“To elucidate the truth of the general thesis that consanguineous marriages produce disease and idiocy in the offspring, M. Voisin has made some very minute researches in the commune of Pratz, a little place at the mouth of the Loire, which contains a population of three thousand three hundred people, exclusively occupied in the cultivation of salt marshes. Hardly any outsiders are ever drawn to this place, and the marriages take place, by special dispensation, even within the degrees of consanguinity forbidden by the Church. M. Voisin minutely investigated the circumstances of forty families resulting from such marriages, and has prepared tables to show that neither vices of conformation, insanity, idiocy, cretinism, deaf-muteness, epilepsy, albinism, nor pigmentary retinitis, existed among any of these families.” He concludes, from these and other facts, that the dangers of consanguine marriages result from an intensification of any morbid hereditary tendencies that may exist in each parent, while, if each be perfectly healthy, the fact of consanguinity counts for nothing.”



In my last communication to you on this subject, I made several quotations from the Bible, using the translation of Rev. Isaac Leeser, which spells proper names generally according to the Masoretic text. Imagine my surprise, when I perceived that your printer, at the last moment, after I had read the revised proof-sheet, had changed the orthography of the names to that of the common version. If that printer should be set at work upon the "Faery Queene" or "Canterbury Tales," I apprehend that Spenser and Chaucer would be disquieted and brought up from their last sleep, as the Prophet Samuel was raised by the woman at En-dor.

A provoking blunder at making "corrections" is also found in the notice of Doctor Powell's book, as copied from the *Evening Post*. The sentence reads as follows:—"Probably the main force of the objection against alliances of blood-relations should be attributed to this similarity of constitution; as in our own and former times, such marriages resulted in deficiency of intellect and physical stamina in the offspring." The writer of that notice did not express that sentiment, but the very opposite. His language was *corrected*. The sentence ought to have read thus:—"Probably the main force of the objection against the alliances of blood-relations should be attributed to this similarity of constitution; as in our own and former times such marriages have not always or even generally been followed by deficiency of intellect or physical stamina in the offspring."

As I am very exact in spelling words, and employ just the expressions that convey the idea that is in my mind, I am perhaps unusually sensitive about word-tinkering and spurious emendations.

A. W.

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#### 18TH SENATORIAL DISTRICT ECLECTIC MEDICAL SOCIETY.

A SPECIAL meeting of the Jefferson County Eclectic Medical Society of the Eighteenth Senate District, was held at Watertown, Aug. 27th, 1867, pursuant to call of the president, Dr. L. Stanton. The meeting convened at the office of Dr. West, and was called to order by the President. In the absence of the Secretary, Dr. West was chosen Secretary *pro tem*. After some interesting opening remarks by the President, the Society resolved into a committee of the whole on the condition of the Society and Eclecticism at large, after which the Society adjourned, to meet at 2 o'clock, P. M.

Society assembled at 2 o'clock; and, on motion of Dr. E. Allen, Dr. L. Stanton was chosen a committee for the purpose of co-operating with similar committees appointed by other State and Auxiliary Eclectic Medical Societies and Eclectic Medical Colleges in preparing a National Eclectic Pharmacopœia, and that this committee correspond with Prof. John King, of Cincinnati, Ohio, in regard to a systematic organization of the committees, and to confer with and carry out the work by correspondence, and report at the next annual meeting.

On motion, Dr. C. E. Heaton was chosen delegate to attend a National Eclectic Medical Association, agreeable to a resolution of

the State Eclectic Medical Society, held at Saratoga Springs, June 12th, 1867.

The Society then proceeded to elect three delegates to attend the annual meeting of the State Eclectic Medical Society, to be held at Albany the third Wednesday and Thursday of January, 1868.

C. E. Heaton, M. D., A. P. Hale, M. D., and L. Stanton, M. D., were chosen said delegates.

The object of the meeting having been completed, the Society then listened to the reading of a paper by the President, on "Ascites, or Peritoneal Dropsy."

On motion, the paper read by the President was received, and after some interesting discussion, it was ordered on file, with the proceedings of this meeting, and that they be signed by the President and Secretary, and forwarded to the Secretary of the State Eclectic Medical Society.

L. STANTON, M. D., *President*.

L. WEST, *Secretary, pro tem*.

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#### MEDICAL ETHICS.

Dr. AUGUSTUS K. Gardner has been a physician in good standing in this city for 23 years. He is a graduate, we believe, of a "regular" medical college; he has attended all the regular lectures, paid all the regular fees, passed all the regular examinations, and probably has a regular parchment diploma neatly framed and hanging up in the back office. His name has long been borne on that regular list of the professional elect, called *The Medical Register*—a list, as everybody knows, which embraces absolutely all doctors competent to give a dose of physic, and outside which there is no salvation. Moreover, until a few hours ago he was a member of that eminently regular and conservative body, the New-York Academy of Medicine. Dr. Gardner, however, has lately undergone professional annihilation. He is not regular any longer. His name has been scratched off the book of life. He has been kicked out of the Academy. His parchment is of no more use to him now than if he had cut it out of a drum-head. Whatever may have been his services to the sick and suffering during his 23 years' practice, whatever his accuracy in diagnosis, his skill in prescription, his faithfulness to duty, his success, his reputation, his general standing among physicians—there is no doubt about him now; he is a pariah and an outcast. He need not expect any more fees. He may take down his sign and sell his gig. Patients are warned to keep away from him, and, to use the language of one of the "regular" gentlemen who have brought upon him this dreadful doom, he is probably at the present moment "wandering alone in this great city and dying a living death."

The crime for which Dr. Gardner has been sentenced to this awful fate is neither poisoning a patient, nor stealing money, nor forgery, nor bigamy, nor in a word, any crime known in the decalogue. There is no pretence that he is not a good Christian, a good doctor, and an

amiable gentleman. He has neither the plague, the yellow fever, nor, to the best of our belief, any other disease which makes him unfit for the company of the rest of mankind. But the "Committee on Ethics" of the Academy of Medicine have been looking into his life, and have discovered that one of his intimate friends is a homœopathist. This is his offence! The friend might have been a liar, a drunkard, and a blackleg, and the Committee on Ethics would not have cared a farthing. But to consort with a man who is, regularly speaking, a medical heretic; who prefers little doses to big ones; who sets Hahnemann above Esculapius, and cures diseases in one way instead of another, argues, it seems, a degree of ethical delinquency which requires the severest punishment. It was not alleged, be it remarked, that Dr. Gardner himself had apostatized from the faith of the Academy. Nobody charged him with administering the little white powders. For ought we know he may prescribe nothing but blue pills and paregoric every day of his life. But having, as we said before, an intimate friend, who, though bred "regularly," had fallen away into the Hahnemannic delusions, Dr. Gardner has been guilty of the sin of consulting with him sometimes on professional questions, has met him at the bedside of some suffering patient and given him the benefit of his advice and experience. This is the crime for which there is no forgiveness.

One might suppose from the action of the Academy that homœopathy was catching, so that a regular doctor who came near a practitioner of that devilish art would be apt to spread the infection, even if he did not succumb to it himself. The Committee suggested an indefinite suspension of Dr. Gardner during the pleasure of the Academy—a sort of ethical quarantine of nobody knows how many days—during which he might have leisure to "repent of his error;" but we are pleased to learn that the culprit manifested no signs of remorse whatever, and expressed his determination to "do so again" whenever the occasion offered. Whether the action of the Academy will be quite as effectual as they supposed in depriving him of the chance to do so again, we very strongly doubt. For our own parts, we are not prepared to believe that Dr. Gardner is now walking the streets gnashing his teeth in loneliness and agony of mind. We are not so sure about his "dying a living death." We think it probable that he is quite as good a doctor now as he ever was. If his name can't be printed any more in *The Medical Register*, we dare say he can manage to have it retained in the New York Directory, which is a vastly better book with a better circulation. And when he made his choice to leave forever the ridiculous Academy rather than break off intercourse with his homœopathic friend, he did what was manly and sensible, and what will prove, we dare say, as advantageous to his professional career as it was creditable to his independence.—*New York Tribune*.



## BOOKS AND JOURNALS RECEIVED.

Injuries of the Eye, Orbit, and Eyelids. Their Immediate and Remote Effects, by George Lawson, F. R. C. S. Eng. Longman, Green & Co. London. 1867. Received too late for Review in this number—will be noticed in our next.

A Biennial Retrospect of Medicine, Surgery, and their Allied Sciences, edited for the new Sydenham Society. Philadelphia. Lindsay & Blakiston. New York. Wm. Wood & Co. Will be noticed in our next.

The Tree of Life; or Human Degeneracy, its Nature and Remedy, as based on the Elevating Principle of Orthœopathy. By Isaac Jennings, M. D. New York. Miller, Wood & Co., Publishers, No. 15 Laight Street. 1867.

Supplement to the Journal of Materia Medica, containing a brief Summary of Action and Uses of the Principal Articles of the Materia Medica, including their doses, most important Contra-indications, Incompatibles, and Antidotes, together with the Analyses of the Principal Mineral Waters of Europe and the United States, and Formulæ for Dietetic Preparations, etc. New Lebanon, New York. Published by Tilden & Co. 1867.

Treatise on Direct Medical Administration and Renovation through Acupuncturation. By A. R. Brown, M. D., Litchfield, Mich. Published by Brown & Herrick. 1867.

Trubner's American and Oriental Literary Record. A Monthly Register. September, 1867.

Catalogue of Medical and Scientific Periodicals, Books, Colleges, Drugs, and Medicines, Instruments, Appliances, Preparations, etc. New York. W. A. Townsend & Adams, Publishers and Booksellers, 434 Broome street. 1867.

Catalogue of Pure Medicinal Preparations. By Tilden & Co.

The Chemical News and Journal of Physical Science.

Buffalo Medical and Surgical Journal.

Boston Medical and Surgical Journal.

Eclectic Medical Journal of Cincinnati.

The Druggists' Circular and Chemical Gazette.

The Journal of Materia Medica.

Pacific Medical and Surgical Journal.

The Leavenworth Medical Herald.

The Galveston Medical Journal.

The Dental Register, Cincinnati.

The Dental Cosmos, Philadelphia.

American Homœopathic Observer.

The American Journal of Photography.

The Herald of Health, New York.

Phrenological Journal, New York.



AMERICAN  
ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

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VOL. III.

DECEMBER, 1867.

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ORIGINAL COMMUNICATIONS.

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On Poisoning by Arsenic, Antimony, Bismuth, Lead, Mercury, Silver and  
Tin.

BY J. MILTON SANDERS, M. D., LL. D.,

Professor of Chemistry in the Eclectic Medical College of the City of New York.

(Concluded from page 206.)

In conclusion, I will state that arsenic may be distinguished from all other substances by the following characters :

1. The formation of a black, shining, metallic sublimate by the methods of reduction I have already described.

2. The conversion of this metal deposit into white octohedral crystals of arsenious acid by sublimation in contact with the air.

3. By the solution of these crystals in boiling water, and by obtaining the reactions pertaining to arsenious acid, viz: *yellow*, with hydro-sulphuric acid; *yellow*, with ammonio-nitrate of silver; *grass-green*, with ammonio-acetate of copper, &c.

4. By solution of the metallic sublimate in hot nitric acid, and the obtaining of the reactions characteristic of arsenious acid, viz: *red-brown*, with nitrate of silver; *white crystalline*, with ammonia and magnesium salts; *bright yellow*, with molybdate of ammonium.

The arsenical deposits referred to above may be distinguished from that of antimony by the following: The arsenic mirror has a bright lustre and a brownish black appearance. A thin film of it upon glass is, by transmitted light, translucent and of a brown color. Arsenic being more volatile than antimony, the deposit of the former is found only at a certain distance from the heated portion of the tube, and always on the side *towards* which the jet of gas is directed. The antimony deposit, on the contrary, is found on both sides of the flame and close to it. If this deposit is heated by the spirit-lamp flame, it will be observed to be fused into minute globules; upon being volatilized, while arsenic will volatilize at once without the formation of these globules. Antimony spots upon porcelain are of a deep velvet black, and present no metallic lustre, unless very thin. If the arsenical spot be transferred to a test tube, and be heated therein, the alliaceous or garlic odor will readily distinguish it from the antimony spot. The antimony spot, besides not giving off the garlic odor, will yield a white sublimate of oxide, which is insoluble in water and ammonia, but dissolves in hydrochloric acid, the solution yielding with hydro-sulphuric acid a *red precipitate* of sulphide. The arsenical mirror dissolves in an alkaline solution of hypochlorite of sodium, and this solution may be tested as before for arsenic. The antimony mirror is insoluble in the hypochlorite of sodium, provided that free chlorine is not present. Nitric acid of Sp. gr. 1.2 to 1.3 will dissolve both the arsenical and antimonial mirror, but while the solution of the former is transparent, that of the latter is turbid, and gives no precipitate with nitrate of silver and ammonia (or ammonio-nitrate of silver), but an orange-yellow one with hydro-sulphuric acid. The yellow sulphide of ammonia dissolves the arsenical mirror with the greatest readiness, and the orange-red sulphide of antimony left upon the evaporation will dissolve completely in hydrochloric acid, being converted into chloride, which volatilizes readily. It sometimes happens that both arsenic and antimony exist in the liquid, and form a mixed mirror. In this case a solution of tartaric acid will dissolve the antimony, leaving the arsenic.

ANTIDOTES TO POISONING BY ARSENIC.—As this paper upon arsenic would be incomplete without adding the most approved antidotes to poisoning by arsenic, I will give them as briefly as possible.

THE HYDRATED SESQUIOXIDE OF IRON.—The best mode of preparation is the following: Take sulphate of iron 4 oz., sulphuric acid,  $3\frac{1}{2}$  fluid drachms, water one quart, mix, dissolve, boil, and gradually add of nitric acid 9 fluid drachms. Stir well and boil for a few minutes after each addition, until the liquid yields a brownish-yellow precipitate with ammonia. Then filter and precipitate with aqua ammonia,  $3\frac{1}{2}$  fluid oz., rapidly added and thoroughly mixed. Collect the precipitate by straining through muslin, well wash and preserve in a moist state, in a tight bottle.

THE MAGNESIA OXIDE OF IRON.—To a solution of the sulphate of iron add calcined magnesia until the precipitate is produced. This must be strained through muslin and preserved moist, in well-stopped bottles. This antidote we are assured by Professor Fehling precipitates arsenious acid, not only more quickly but in larger quantities than the hydrated sesquioxide does when alone. It will even render inert Fowler's solution, and precipitate both the copper and arsenic from Schweinfurt's green in vinegar, which the former gelatinous oxide alone will not do. This *magnesia oxide* contains free magnesia, besides hydrated peroxide of iron, and sulphate of magnesia. This magnesia should, like the hydrated sesquioxide of iron, be administered by tablespoonfuls until relief is obtained.

HYDRATED PROTO-SULPHIDE OF IRON.—This substance is an antidote to poisoning by the salts of ARSENIC, LEAD, ANTIMONY, BISMUTH, MERCURY, SILVER and TIN, and more especially arsenious acid and corrosive sublimate. Mailhe says "that a gargle containing a little hydrated proto-sulphide of iron, will instantly remove the metallic taste caused by putting a little corrosive sublimate into the mouth." In contact with this salt the proto-sulphide is instantly converted into the proto-chloride of iron and the corrosive sublimate is converted into the sulphide of mercury, an innoxious substance.

It is administered by tablespoonfuls like the hydrated sesquioxide of iron.

The HYDRATED PROTO-SULPHIDE OF IRON is easily obtained by adding a solution of *Hydro-Sulphide of Ammonia*, or *Sulphide of Potassium* to a neutral solution of *Proto-Sulphate of Iron* (copperas) made with water recently boiled. Collect the precipitate on a muslin filter, wash it with boiled water and bottle up in a moist state. Bouchardt and Sandras say that the *Hydrated Per-Sulphide of Iron* is preferable to the Proto-Sulphide as an antidote for arsenic and corrosive sublimate. It is prepared by adding very gradually a neutral solution of *Per-sulphate of Iron* to a dilute solution of *Sulphide of Potassium*, and collecting as above.

#### MERCURY.

Of the metals, Mercury is the next and most liable to be administered as a poison. The Bichloride, or Corrosive Sublimate is the most poisonous of the mercury salts, and is frequently used as a poison. After procuring a clear fluid, the testing for mercury, by the use of the following reagents, will give precise results. The taste of any fluid containing corrosive sublimate, is strongly metallic and disagreeable, and cannot be mistaken for any other metal. *Hydro-sulphuric acid* and *alkaline sulphides* added in excess to a solution containing corrosive sublimate throws down a black precipitate of mercuric sulphide, soluble in strong nitric acid. If too little be added a white precipitate will be produced, consisting of mercuric sulphide with the original salt, and colored yellow sometimes by excess of sulphide.

*Ammonia* and *Carbonate of Ammonium* produce white precipitates.

The fixed alkalis give a yellow precipitate, insoluble in excess, if the fluid contains no free acid.

Carbonate of Potassium and Sodium produce reddish-brown precipitates, if no ammonia be present.

Carbonate of Potassium gives an orange precipitate.

*Ferro-Cyanide of Potassium* forms in rather strong solutions a white precipitate which finally becomes blue.



Iodide of Potassium produces a bright scarlet precipitate, soluble in excess of either the Corrosive Sublimate or the Iodide of Potassium.

If a bright strip of copper be immersed in a solution containing mercury which is slightly acidulated, it will soon become covered with a grey or white stain, which when rubbed assumes a silvery lustre. If the strip is heated, the mercurial stain will disappear. A single drop of liquid containing corrosive sublimate may be tested in this manner. If the above piece of copper be cut into small pieces and heated in a test-tube, the mercury will volatilize and condense upon the cold portions of the tube. If this deposit be examined with a lens it will be found to consist of minute globules of mercury. By this process, according to Orfila, the one eighty-thousandth part of corrosive sublimate in solution may be detected. M. Trousseau asserts that a strip of brass is more efficient than one of copper.

Another method may be conducted thus: Place a drop or two of the suspected fluid upon a bright gold or copper coin. Now touch the drop of fluid with a clean piece of iron, such as a key. A voltaic current will be excited and the mercury will be reduced and adhere to the coin.

Another method also depending on voltaic action may be effected thus: Take a polished strip of copper or gold, and wind around it a fine wire of zinc or tin, as you would the wire around an electro-magnet. Acidulate the suspected fluid with hydrochloric acid and immerse this little battery in it. Allow it to remain for from half an hour to several hours, depending upon the amount of mercury in the solution—when the copper will be whitened with a deposit of quicksilver. Then unwind the wire and heat the copper in a test tube, when the mercury will volatilize and condense upon the cold portion of the tube. The susceptibility of this test is said to be one ninety-thousandth of corrosive sublimate.

The mercury may be deposited upon the negative pole of a galvanic battery, (the pole being of gold) whereby the minutest quantity of mercury is obtained. Messrs. Donger and Flondin say that the one hundred and fortieth part of a grain can be got by the galvanic process.

 ANTIDOTES FOR MERCURY.—The HYDRATED PROTO-SULPHIDE OF IRON or the HYDRATED PER-SULPHIDE OF IRON are the most efficient antidotes to poisoning by any salt of Mercury. They should be given in tablespoonfuls frequently repeated until relief is obtained. If neither of these iron salts are accessible, then resort should be had to *albumen* in the form of the white of an egg. Mercury, above all salts, has the strongest affinity for organic matter. It will at once combine with the albumen, forming an insoluble combination; hence large and repeated doses of the white of eggs should be administered as soon after taking the poison as possible.

#### LEAD.

The symptoms of slow poisoning by lead, is the appearance of a narrow leaden blue line, from the one twentieth to the one sixth of an inch wide, bordering the edges of the gums, attached to the neck of two or more teeth of either jaw. If a little water, holding some hydro-sulphuric acid be used in rinsing the mouth, the discoloration may be seen more perceptibly. The use of sulphurous, or hepatic mineral waters is recommended by Chirdlim and Rayer, or the use of artificial sulphuretted waters, both in acute and chronic poisoning by lead. The hydrated proto or per-sulphide of iron mentioned above, is the best antidote to poisoning by lead salts. If this is not accessible, then give *Epsom* or *Glauber's* salts, or Alum, or water acidulated with *Sulphuric acid*, followed by strong green tea.

If the poison be by white lead, then take a mixture of *Epsom salts* and *vinegar*, as it is preferable to the sulphate alone.

In lead paralysis, small doses of *Strychnine* or *Brucine* may be taken, but great caution is recommended in the administration of these, as they are frightful poisons. Those who work in lead factories, or use lead in painting, or in any other manner may be exposed to the fumes of lead, it is highly recommended to drink freely of sulphuric beer. This is only beer or ale, to every gallon of which one dram of sulphuric acid has been added. Water may be substituted for

the beer. As this will have a tendency to constipate, a gentle laxative should occasionally be taken.

The acetate of lead, or sugar of lead, is soluble in water, especially if the water be acidulated with acetic acid. The carbonate of lead is very slightly soluble in water. *Carbonate of soda* throws down a *white* precipitate; *Iodide of Potassium*, a *bright yellow* one, *Hydro-sulphuric acid water* a *black* one. Sulphuric acid added to solution of sugar of lead will eliminate acetic acid vapor, which may be detected by the nose if sufficiently strong. The above reagents are sufficient to discriminate lead from any other metal.

As for the other metals they are so seldom taken as poisons, that I do not think it necessary to dwell upon them, simply remarking that most of these metals, late investigations have demonstrated, have a strong tendency to combine with organic matter. It is, therefore, politic to administer albumen in case of poisoning by any metal, until some reagent may be procured which will combine with it to form an insoluble compound.

In conclusion, I would remark, that in medico-legal examinations, too much care cannot be observed in the most trivial experiment. All of the reagents used must be examined with the most scrupulous nicety in regard to their contamination, especially with arsenic. Experiments with a single test will not suffice, but confirmatory experiments must be resorted to in a variety of methods, by which the presence of the poison must be proved beyond a doubt. When your single testimony may consign a human being to the scaffold, too rigorous proof cannot be obtained. In examining for arsenic, the fact should be borne in mind, that this metal is one of the most widely diffused of all the metals. You should, therefore, recollect that the reagents you may resort to, may contain it, and the most rigorous search must be made among these reagents for arsenic before you commence your examinations upon the matter suspected to contain the poison. It should be recollected, likewise, that many of the medicines used daily by physicians contain arsenic, mercury, silver, tin, antimony, and bismuth. Before you give in your testimony,

it would be advisable, if possible, to have an interview with the attending physician, if such there be, and by rigid questioning ascertain the quality of the medicine administered. If this be impossible, as it is in most cases of poisoning, then after having ascertained beyond doubt, that your reagents are pure, the indications given in this essay may be relied upon, and you can pronounce without hesitation that the metal indicated, has been taken either as a medicine or as a poison.

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Excision of the Upper Jaw and Palate Bone and part of the Cheek Bone of the right side.—Successful Operation.

BY EDWIN FREEMAN, M. D.,

Professor of Anatomy of the Eclectic Medical College of the City of New York.

ABOUT the middle of September last, Prof. W. W. Hadley called on me, in consultation, on a case which proved to be one of great interest. A lady, Miss T—, of Essex county, N. J., aged 62 years, had consulted him concerning a swelling of the right side of the face, and a tumor appearing in the right anterior nares. The face below the eye was rounded to a level with the cheek bone, which was naturally prominent; and the opening of the orbit of the eye was narrowed, in the vertical diameter, by the pressing upwards of the floor of the orbit. There was a constant discharge from the nose, and also from an opening which had been made by a surgeon into the antrum, through the alveolus of the second molar tooth. She said that the face had been more swollen, but had discharged through the nose, and the swelling had subsided. She was unable to breathe through the nose. On a close examination, it was discovered that the tumor in the nose proceeded from the right antrum, seemed to be about the size of an almond in the nose, was very vascular, and bled on the least handling. It was not movable, and seemed quite firm in structure. On probing the antrum through the gum, it was found to be expanded, but not completely filled out by the tumor at its lower part. There was



no protrusion of the tumor into the posterior nares. My diagnosis was, that it was a malignant or canceroid polypus of the antrum, developed from its lining membrane, probably near the opening into the nasal cavity, protruding into that cavity, and occupying the antrum; that the growth and its presence in the antrum gave rise to the great purulent and muco-purulent discharge which had taken place, and that this had caused the great distension of the cavity, until it had found a place of exit; but latterly, the tumor, by its growth, was rapidly filling up the space. With this the Prof. agreed. My advice being then asked as to the possibility of removing it by, or without an operation, I advised an operation, and subsequent treatment as we treat cancerous growths elsewhere in the body, when there are evidences, after removal, of an appearance of the disease in the wound, before it is healed. I would operate to reach the origin of the disease in the antrum, which could not be reached in any other way. I therefore advised that the antrum be opened through the anterior wall, and that the further steps of the operation be controlled by the condition of that cavity and the size and attachment of the tumor. She had seen several surgeons of this city, of whom Dr. Parker advised that it be not operated on; Dr. Sands, that it be operated on. Dr. Hadley and myself having agreed that it could be removed, and that it could probably be completely eradicated by that and the after-treatment, as the cervical glands were not enlarged, the lady, and brother who accompanied her, returned home. Oct. 9, they came to the city, she being prepared to remain until she was well. The tumor had in the meantime, by growth and pressure, produced closure of the *ductus ad nasum*, and consequent distension of the lachrymal sac, which opened externally, resulting in fistula lachrymalis of the right side.

The patient was of the sanguine-bilious-encephalic (nervous) temperament, slender yet not feeble, and seemed to be possessed of considerable vital tenacity. She was anxious to have the tumor removed, and seemed willing to risk the chances of a failure for the probability of a complete recovery.

*Oct. 14.*—Assisted by Profs. Hadley and Allen and Dr. Comins, I proceeded to operate, the patient having abstained from eating her breakfast. The bed was prepared, so that her head would be on a level with the rest of her body, to allow the blood to pass into the pharynx and be swallowed, rather than allow it to pass into the larynx, as it would be likely to do in an upright posture, and suffocate the patient. The chloroform was carefully administered by Prof. Allen, and largely mixed with air by holding it well away from the mouth, but owing to the absence of her teeth, the lips were inclined to close tightly, and not being able to breathe through her nose, she was inclined to not breathe at all, especially after she began to be a little anæsthetised. She was at different times aroused by rolling her, and calling loudly to her to inhale the vapor, and at last, we had the satisfaction of seeing complete anæsthesia established, which at one time I almost despaired of. My first and exploratory excision was made from the internal angular process of the frontal bone, down along the border of the alar nasi through the lip, cutting into the mouth, and dissecting the outer flap upward and outward, towards the eye and temple. The anterior wall of the antrum was so soft and lardaceous that I cut through it with my scalpel. On passing my finger through the opening thus made into the antrum, I found the entire bone so diseased and covered with polypi that I concluded at once, that it was not safe to perform any mincing operation, and that the whole bone should be taken away, for which possibility I had made every preparation previous to commencing. I then made a second incision from the lower part of the first to the malar bone, avoiding the duct of Steno. The flap was dissected up, and the lower border of the orbit, malar bone and frontal process of that bone were exposed. The lateral cartilage of the nose was detached from the nasal process of the superior maxillary bone, the velum pendulum palati detached from the posterior border of the palate bone and the Buccinator muscle and buccal mucous membrane from the bone, as far back as the posterior surface of the malar process of the

maxillary bone. With strong cutting pliers, I then cut through the malar bone into the orbital cavity; then through the nasal process of the superior maxillary bone and lachrymal bones, by passing the blades of the pliers into the nasal and orbital cavities; then, passing them into the nasal cavity and mouth, I cut through the maxillary and palate bones by the side of the septum nasi, completely severing the bones from their connections with the other bones, excepting the pterygoid process, from which it was removed with a little force. After a little further dissecting of the soft tissues, part of the malar bone the superior maxillary and palate bones were completely detached and taken away, leaving the eye resting on nothing but its soft bed of fat. The whole mucous surface of the antrum was covered with a mass of polypoid growths, and changed in structure, as indeed was also a part of the osseous wall. After removal of the bone, there were some of those growths found attached to the middle turbinated bone, which were extirpated. There was profuse bleeding in the first stages of the operation, but it was all arrested by sponging with cold water. No large arteries were cut, the facial being quite insignificant where it was cut, after giving off the superior coronary to the upper lip. The internal maxillary, where it enters the maxillary bone, was torn and not cut, and did not bleed any. The flaps were then drawn down, the cavity filled with sponge, and the wound closed with five twisted and nine interrupted sutures. A wet cloth was applied to the side of the face, and in the evening adhesive straps were applied to retain the parts in apposition, and take the strain off the sutures. Dilute arnica tincture was then applied, with a cloth, and a wet compress. She knew nothing of the operation until the last sutures were being inserted, and suffered none. The anæsthesia passed gradually off, she was supported by sherry wine and beef tea, and rallied finely. She was fed with slop food; and with good nursing gained each day. On the third day, I removed the sponge, and applied lint and water dressing, after syringing the cavity out well, and on the fifth day removed the straps

and sutures. The wound had united throughout its whole extent, except where the fistula lachrymalis had been, and over the cut malar bone. I reapplied the adhesive plaster and wet dressings, and this was continued until the wound was all firmly healed. The cavity of the wound was daily syringed and the dressing reapplied, and it gradually contracted, filled up by granulation of the surface, and its walls soon became firm and hard like the hard palate of the mouth. The case is now under Prof. Hadley's care, who will make such further applications as may seem necessary. The lady is strong, goes out daily to take the air, and seems well pleased with the result so far. The entire superior maxillary and palate bones were first successfully removed by Gensoul, of Lyons, on the 26th of May, 1827, and by Mr. Syme, of Edinburgh, on the 15th of May 1829; on the 1st of August, 1829, Mr. Lizars, of Edinburgh, also performed it successfully. Various partial exsections of the bone had been made previous to that time.

Other surgeons have since performed the operation with success. There is no danger of the patient strangling from blood trickling into the larynx, partially insensible to its presence from the effects of chloroform, if the patient's head is on the same plane with the body; and anæsthesia destroys half the horrors of the operation. In my case, the scar by the nose is scarcely noticeable, while that upon the cheek is not very bad. The presence of part of the malar bone makes the depression in front more noticeable, but it would not be noticed but for the scar, and that can be concealed. An artificial hard palate can be fitted as a part of the plate for her teeth, and when that is in, her deformity will be hardly noticeable.

NEW YORK, 29 Amity-street.

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Clinical Record of Cases treated in the Eclectic Medical Dispensary.

REPORTED BY E. H. MILLINGTON, M.D.

[Continued from page 213.]

CASE 22, Oct. 14th.—Mary Collins, æt. 12. Otorrhœa. Three years ago this patient had a severe attack of measles.



Ever since her recovery from that disease, she has been troubled with a purulent and offensive discharge from the ear. Until very recently there has been but little pain or deafness. The child is scrofulous, and her general health is poor. The discharge is exceedingly offensive, rendering it very unpleasant to remain in the room with her for any length of time.

*Treatment:*

R Hydrastin, grs. iv.  
Baptisin, grs. iv.  
Geranin, grs. ij.  
Aq. ℥j.

M.

Inject a little two or three times a day.

Apply oleum tigllii behind the ear. Also, take one of the following powders after each meal.

R Corydalin  
Hydrastin aa ʒ i.  
Barosmin, grs. xv.

M. Divide into twenty powders.

Keep the bowels open by properly selected articles of diet (such as Graham bread, fruits etc.) and injections. Take an alkaline sponge-bath three times a week. Exercise freely in the open air, and see that the sleeping apartment is well ventilated at night.

*Oct. 18th.*—The pain and deafness have almost disappeared, as has also the offensive odor, attending the discharge. Prescribe Carb. Iron pills (Vallett's), one to be taken after each meal.

*Oct. 23d.*—Her general health has much improved. The discharge from the ear is much less in quantity and there is no pain nor deafness—continue the treatment. Last appearance.

CASE 23, *Oct. 19th.*—Mary L. Smith, æt. 12. Ophthalmia-tarsi and Nebulæ. Has been affected three or four years; is the sequel to measles. About one third of the eyelashes have dropped out. The edges of the eyelids are inflamed

and scabbed, there are a number of nebulous spots on each cornea, particularly the right. Appetite fair, general health not very good.

*Treatment.*—As the patient is scrofulous, I will prescribe the following.

R Alnuin, 3j.

Corydalin, 3 iss.

M.

Divide into thirty powders. Take one three times a day, an hour before meals.

R Nitrate of Silver, grs. ii.

Water, 3j.

M.

Drop in the eye morning and night. Apply the mild zinc ointment to the lids.

*Oct. 25th.*—Improving rapidly; the nebulous spots have nearly disappeared—continue the treatment.

*Nov. 14th.*—Discharged cured.

CASE 24, *Oct. 18th.*—Mrs. Williams, æt. 30. Erysipelas. Has been affected two days. The disease is confined mainly to the upper part of the face. The parts are reddened and slightly swollen. The sensation of itching is very persistent and annoying. There is but little fever and that toward evening.

R Con. Tinct. Veratrum Vir. 3j.

Water 3 iii.

M.

Take one teaspoonful every three hours. If nausea arises omit the medicine until it subsides, and then resume in smaller doses. As a local application use the following.

R Con. Tinct. Veratrum Vir. 3 ij.

Water, 3 ij.

M.

Apply freely every three hours.

*Oct 19th.*—The treatment gave almost immediate relief, and the patient considers herself “almost well.”

*Oct. 21st.*—Discharged cured.

CASE 25, *Sept. 20th.*—Myron A. Harvey, æt. 34. Dyspepsia. For nearly two years the patient has been troubled with a gnawing sensation before meals, with nausea, and occasionally vomiting after eating. There is frequently a bad taste in the mouth, and occasionally the tongue is heavily loaded. The bowels are usually constipated, appetite varies.

*Treatment:*

R Hydrastin, ʒj.  
Populin, ʒj.

M.

Divide into thirty powders. Take one after each meal. Take an alkaline sponge-bath three times a week. Keep the bowels open by injections and properly selected articles of diet. In this as in all similar cases, I rely mainly on the hygienic appliances, air, exercise, water, and diet, to effect a cure.

*Sept. 28th.*—Improving rapidly, appetite better, bowels regular—continue the treatment.

*Oct. 30th.*—Discharged cured.

CASE 26, *Oct. 10th.*—Mrs. Jarvis, æt. 31. Mercurial Rheumatism. Has been affected thirteen months. Is very sensitive to the changes of the weather. Has taken mercury ever since she can remember. With the exception of the left shoulder, the joints are not swollen, and there is but little pain on pressure. The left knee-joint has been affected for nearly twelve months, and there is a small ulcer on the anterior portion of the left leg. Her general health is not very good, has frequent bilious attacks.

*Treatment:*

Con. Tinct. Macroty's Racemosa, ʒ iii.

Vinum Colchici, ʒj.

Iod. Potass. ʒ ss.

Water, ʒ ijss.

M.

Take one teaspoonful three times a day. Apply Mayer's Ointment to the ulcer.

*Oct. 15th.*—Slightly improved, ulcer healing slowly—continue the treatment.

*Oct. 18th.*—But little if any improvement since last report. Fearing that the disease could not be overcome until the irritating cause (Mercury) was removed, I advised the patient to call at the Electrolytic Institute, (Room, 31 Bible House) and have the metal removed from her system.

*Oct. 25th.*—On the 19, 21, 22, 23, and 24th insts., a considerable amount of Mercury was obtained; on the 22d, the patient stated that she had improved more during the past three days than in the previous three weeks,—continue the treatment.

*Nov. 2d.*—Discharged cured.

CASE 27, *July 10th.*—Geo. S., æt. 22. Phthisis Pulmonalis, (not hereditary.) Three years ago had an attack of bronchitis. This disease was never cured, the irritation resulting in tuberculous deposit. For the past two years there have been wandering pains in the chest, night sweats, cough, expectoration, hoarseness of voice, dyspnœa, palpitation of the heart, irregular appetite, disturbed sleep, pains in the back, side and limbs (when walking), urine high-colored, its passage being accompanied with more or less pain. Cannot lie on the left side, because of the violent coughing it gives rise to. When he lies on the right side, the heart palpitates violently. Has been under the care of several physicians of different schools of practice. Has taken Cod Liver oil for nearly eighteen months. It made his face “puff out,” but grew no stronger, and at length discontinued its use.

*Treatment.*—As an expectorant take ten drops of the wine Tinct. of Lobelia every few hours. For the night sweats take three grains of Populin three times a day. Also take one Carb. Iron pill every night, and six “Guffroy’s Cod Liver Dragees,” during the day. My main reliance in this case was upon appropriate hygienic appliances. Full written instructions were given as to diet, exercise, baths, well ventilated sleeping apartments, etc. The patient was also instructed to gradually and gently inflate the lungs to their full capacity several times a day. Also, to develop the chest and muscular system by appropriate exercise.

*July 23d.*—M. S. states that all his friends begin to re-



mark his improved appearance. His appetite is now good, bowels regular, expectoration easy and less in quantity. He also breathes easier, palpitation of the heart not so troublesome, pains in the back, side and limbs have entirely ceased. Urine not so highly colored, and no pain in passing it; sleeps better, can lie on either side for a little while; pulse is fuller and stronger.

*Aug. 3d.*—Has continued to improve every day since last report. Is going in the country for a month—will report progress when he returns.

[To be Continued.]

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## PERISCOPE.

### *Food for Babies.*

[From an interesting article on "*Food for Babies*," published in the *London Medical Times and Gazette*, we make the following extracts.—EDITORS.]

Of milk, we have that of the ass, goat, and cow. Asses' milk is by general consent the best substitute for the woman's for most delicate children; and, dear as it is, it is well worth the money. The goat's is a rich milk, with a strong curd, and only adapted for robust children. The milk of the cow is, of course, the staple. And whilst for general purposes it is quite right that milk should be brought from any distant part of the country, it must be confessed that a few cows should be kept in town in hot weather, that their milk may reach the baby part of the population fresh, unshaken, and just as yielded by the animal. But cows' milk is too rich in curd for the human baby, whose muscular movements are almost confined to breathing, crying, and the heart's action. So it must be thinned, and the simplest way is the common one of adding an equal part of water (the water being gradually diminished as the child grows older) and a small quantity of white sugar. It is a refinement to use the sugar of milk, instead of common cane sugar, but whether there is anything gained we never could satisfy ourselves.

The test of any kind of baby's food is found in the fact that the child thrives—that it is satisfied after its meals, not

subject to fits of pain in the stomach and flatulence, nor yet to fits of colic in the bowels—and that the residuum, which is generally produced upon a napkin for inspection, does not show undigested food. All these things are self-evident. A child ought regularly to grow, to be plump, and to gain in weight every week, and if it do not, something is wrong. Secondly, the child ought to be satisfied and go to sleep after its food; but here the junior practitioner ought to be aware of one physiological fact—when a child is in pain in the abdominal organs, it often displays insatiable hunger, has a tendency to suck greedily, and this though the stomach and bowels may be loaded with undigested food. Ignorant nurses kill many a child by inattention to this point. The child cries after food; therefore they say the food is not good enough, “the milk does not satisfy,” &c., and forthwith they give the child some half-solid pap, and dose the mother with over rich food and alcohol. A purgative dose of oil is the best remedy when a baby is unreasonably hungry after food; castor oil is generally used, but any oil or soft fat will answer the purpose. The old custom of giving a bit of the fat of pig is founded on reason and experience. Lastly, the practical fact remains, that no undigested food ought to be found in a baby’s napkin. Any mother may be taught that lumps of curd and masses of undigested starch can give the child no nourishment, but decompose in the bowels, and cause first pain, next diarrhœa. A healthy baby’s napkin should not be offensive—of course, it has a faint peculiar odor, but certainly it does not stink, and if it do, either improper food has been given, or proper food has not been digested.

In other cases, in order to diminish the proportion of curd, it is useful to give *cream* diluted with new milk and water; and, to prevent the curd of cow’s milk from coalescing into hard lumps in the stomach and passing undigested, the milk may not only be diluted with water, but with effervescing soda water (this is called artificial asses’ milk) or potass-water or lime-water. Sometimes a very little of the solution of magnesia is added.

But this purpose (*i. e.*, the making the curd softer and more digestible) is generally effected by mixing it with cereal food or the starches. Theoretically speaking, we do not want the nitrogenous elements of the cereals, because the cow’s milk contains enough of them. Hence, arrowroot or sago may suffice, if it be understood that the child is to live upon the milk, and that these starchy elements are superadded to modify the milk, and not to be substitutes for it. Still, general experience is in favor of some cereal. Barley-water

made from pearl-barley, and mixed with an equal part of milk, is an admirable food for most children. Robinson's patent barley deserves praise. Oatmeal gruel and milk agrees well with the robust. Brown and Polson's preparation of maize, and the maizena, seem favorite preparations. On the whole, however, wheat tends to displace the other cereals. The flour of wheat is often baked or boiled, and when so cooked is boiled afresh with water and milk. Or it is made into biscuits, of which Robb's, Lemann's, the Norwich knobs, "tops and bottoms," and rusks, are popular samples; or into a farinaceous food—that is, a powder composed of wheat flour or biscuit, with or without admixture of other cereals, and already acted on by heat, so as to require little or no cooking (Hard's, Neave's, &c., &c.).

This is the place to notice "Liebig's soup," a compound of milk, wheaten flour, and malt, with a small quantity of bicarbonate of potass. The object of the malt is to convert the starch of the wheat into sugar, and so to save the stomach the trouble of that process; whilst the cow's milk is enriched with the phosphates of the wheat and the added alkali. The thanks of society at large are due to Liebig, not only for the care and patience with which he has worked this idea out, and the liberality with which he published it, but likewise for the impetus which it has given to the study of the whole subject of infant food in connection with mortality.

The original recipe prescribes  $\frac{1}{2}$  ounce wheaten flour,  $\frac{1}{2}$  ounce of ground malt, and  $7\frac{1}{4}$  grains of bicarbonate of potash, to be well mixed with 1 ounce of water; then 5 ounces of cow's milk are added, the whole is heated gently till it thickens; then it is removed from the fire, stirred till the starch is converted into sugar, as indicated by the liquid becoming thin, again boiled and stirred for some minutes, and lastly strained. For use, this requires to be much diluted for young babies, less for older ones.

As for results. We believe that of any six infants one would refuse to swallow it; one would take it without benefit; but that the remaining two thirds would take it greedily and thrive on it. We have known it put a stop to so many of the miseries arising from undigested or indigestible food, that it has, we think, already earned for itself a permanent place. What form of it will ultimately be the favorite is another question.

The objections to Liebig's food in its common form are, first, the time, trouble, and nicety—it cannot be prepared in less than twenty minutes, and not every nursemaid or mother has the intelligence sufficient. Secondly, there is the consid-



erable amount of indigestible husk, often very difficult to separate by straining, and consisting of spicula that look very formidable to any tender mucous membrane. Thirdly, as a theoretical objection, we mention its too saccharine nature and the absence of fat.

The first objection has been met by Savory and Moore, who have put together and prepared the ingredients in such a way that they only need the addition of water and milk, and no straining nor boiling. Mr. Mellin's preparation, if it can be got, of course avoids all trouble of cooking; and we may say that the malt he uses is most scrupulously cleansed from husk. There is also to be procured at Mr. Van Abbott's a preparation called "Liebig's food for Infants concentrated," the invention of Mr. Ed. Lœflund, chemist, of Stuttgart; it is a thick syrup, containing a concentrated solution of the wheat and malt elements. It has, when mixed with milk in due proportion, a sweet, somewhat empyreumatic, bitter taste, and this is the general character of the food, however prepared; but there is a distinct acid treacly reaction in Mr. Lœflund's syrup. Mr. Mellin has made an extract in the form of granular powder, soluble in cold water, very palatable, free from acidity, and much more portable than Lœflund's syrup. Lastly, we must notice the very ingenious malt biscuits made by Spiking, of Dover Street; these contain the malt and wheaten flour in the form of a biscuit; of course they are portable, and keep any time, and require no more cooking than Robb's or any other nursery biscuit. \* \* \*

We have now, we trust, set forth a pretty general view of infant's food, and shall add but three or four practical hints:—1. The advantage of adding cream from time to time, especially if the baby is constipated. Want of fat is the cardinal defect in Liebig's soup. 2. The expediency of adding a small quantity of some aromatic water to all infants' food, such as dill, anise, &c. There is a very popular food in some counties, consisting of equal parts of barley water and milk, with one teaspoonful of good brandy to the pint. Bad for the babies' livers, some would say; but no harm is found in practice. 3. The expediency of giving delicate children small quantities of pure gravy or beef-tea sweetened, or a few grains of raw meat ground to a pulp. If these agree, a child is almost safe. 4. No one kind of food can agree with all children. It has provoked us to see children dying on a diet which did not suit them, without an effort to shift and combine various elements till the right thing could be found. 5. The importance of teaching the poor that food



for babies should be *thin*, and that a thin food may be more nutritious than a thick one.—*Boston Med. and Surg. Journal.*

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*Mental Labor and Physical Exertion.*

It may be possible, at some future stage of scientific inquiry, to compute the comparative amount of oxidation in the brain during severe mental labor. Even now, from obvious facts, we must pronounce it to be a very considerable fraction of the entire work done in the system. The privation of the other interests during mental exertion is so apparent, so extensive, that if the exertion should happen to be long continued a liberal atonement has to be made in order to stave off general insolvency. Mental excess counts as largely as muscular excess in the diversion of power; it would be competent to suppose either the one or the other reducing the remaining forces of the system to one-half of their proper amount. In both cases the work of restoration must be on the same simple plan of redressing the inequality by allowing more than the average flow of blood to the impoverished organs, for a length of time corresponding to the period when their nourishment has been too small. It is in this consideration that we seem to have the reasonable, I may say the arithmetical, basis of the constitutional treatment of chronic disease. We repay the debt to nature by allowing the weakened organ to be better nourished and less taxed, according to the degradation it has undergone by the opposite line of treatment. In a large class of diseases we have obviously a species of insolvency, to be dealt with according to the sound method of readjusting the relations of expenditure and income. And, if such be the true theory, it seems to follow that medication is only an inferior adjunct. Drugs; even in the happiest application, can but guide and favor the restorative process; just as the stirring of a fire may make it burn, provided there be the needful fuel. There is thus a definite, although not numerically stateable relation, between the total of the physico-mental forces and the total of the purely physical processes. The grand aggregate of the oxidation of the system includes both; and, the more the force taken up by one, the less is left to the other. Such is the statement of the correlation of mind to the other forces of nature. We do not deal with pure mind—mind in the abstract; we have no experience of an entity of that description. We deal with a compound or two-

sided phenomenon—mental on one side, physical on the other; there is a definite correspondence in degree, although a difference of nature, between the two sides; and the physical side is itself in full correlation with the recognized physical forces of the world.—*Macmillan's Magazine for September.*

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*Venomous Bites.*

By J. T. Newman, M.D.—A man was bitten on the right tendo achillis by a rattlesnake, and was found three hours after suffering the most excruciating agonies. The right side was swollen all the way from the heel to the shoulder, pulse varying from 130 to 145, the respiration from 36 to 40, and he also foamed at the mouth, gnashed his teeth, and violent spasms would ensue. Thirty grains of morphia and a gallon of brandy were ordered. He was given five grains of the former and eight ounces of the latter. The swelling was rapidly covering the entire body. At the end of an hour from the time the first dose was given, the same dose was repeated, and also a poultice of stramonium leaves was applied. It could now be plainly seen that the spasms were subsiding. The brandy was then given in doses of four ounces every fifteen minutes. This treatment was kept up for six hours, changing the poultices every half hour. At the end of that time he fell into a sleep lasting four hours. The swelling now commenced to subside. When he awoke the same dose of morphia as first given was repeated. Two ounces of aq. ammoniæ were mixed with an equal amount of brandy, and after two doses of this mixture he slept several hours. Within as many hours he had taken thirty grains of morphia, a gallon of brandy, and four ounces of ammonia. Except at the part bitten, the swelling had almost subsided. It exuded a greenish fluid, which may or may not have been the virus. The patient recovered.—*Chicago Medical Journal.*

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*Pepsin in the Vomiting of Pregnancy.*

A number of French physicians declare the efficacy of pepsin in the vomiting of pregnancy. It should be given in the dose of eight or ten grains, before eating. Hydrochloric acid is also recommended as equally efficient—thirty to sixty drops to be taken daily, properly diluted. Strychnia, we think, is not inferior to either, the twentieth to the twelfth of a grain three times a day.—*Pacific Med. and Surg. Jour.*

*The Treatment of Contracted Muscles and Tendons.*

The treatment of contracted muscles and tendons, as advised by Dr. H. G. Davis, of this city, in his work on *Conservative Surgery*, is based upon the good effects of a state of constant tension. The author maintains that whenever any circumstance shortens the relative distance between the points of origin and insertion of any muscle or tendon, there is an absence of the natural stimulus to the normal nourishment of the parts; that, in other words, no more of the nutritive element is effused than is barely requisite to maintain such tissues in their shortened condition. If, under these circumstances, extension is employed by the elastic method, the contracted tissues are kept constantly upon the stretch, and are gradually elongated to their normal dimensions. As a consequence of this continuous tension of the fibres, the supply of nourishment is proportionately increased, so that eventually, by the constant supply of new material, the parts actually grow to their natural length and original strength. His observations with reference to this point have, he assures us, been amply and satisfactorily proved as the result of fifteen years of experience.

The advantage of elastic extension over other methods consists in the fact that it is constantly kept up, and that, as the muscles or tendons give way to the force exerted upon them, there is always enough power of extension in reserve to keep up the action and follow up the good effects. This continuous tension stimulates the deposit of new material, so that the growth of such shortened tissues is more rapid than under ordinary circumstances. As extension is ordinarily kept up by inelastic bands, the force is constantly liable to be reduced by the relaxations of the appliances, which must, in a longer or shorter time, yield to the stretching to which they are subjected. The principle can be satisfactorily applied to all cases in which it is necessary to overcome undue contraction of the soft parts from any cause save actual organic interruption of nerve power; such, for instance, as in deformities attendant upon contractions after inflammations of the joints, upon the different varieties of talipes, upon the deformities after fractures and old dislocations, and even upon the retraction of the integuments after burns. In the latter case the strain is put upon the surrounding skin by means of adhesive plaster in opposite directions to the contracting forces in the cicatrices. The general plan of treatment has to be modified in accordance with the special indi-



cations that may be present in each case, constantly calling the ingenuity of the surgeon into play. He does not consider division of the tendons as at all necessary for the accomplishment of permanent elongation of contracted parts, and affirms that continuous elastic extension, intelligently employed, is all-sufficient to overcome the most obstinate contraction.

In many cases where muscles are firmly contracted, and antagonistic ones, by constant stretching, by derangement of nerve force and deprivation of power nourishment, are paralyzed, he assists nature by supplying by means of india-rubber webbing an artificial muscle on the paralyzed side. By this means the contracted muscle is not only elongated, but its antagonist is proportionately shortened, and in both instances the power of muscular co-ordination is regulated by an equal distribution of nerve power.

Again, in order to exercise more power upon the contracted muscle, he employs pressure upon their bellies; at the same time makes use of the elastic extension besides. This is accomplished by employing two sets of adhesive plasters, so arranged fan-fashion, one strip over-lapping the other, that they will cross each other over the belly of the muscle. To the smaller extremities of each one of these sets is sewn a piece of elastic webbing to which the extending force is attached. If it is desired, for instance, to make extension by this means upon the extensors of the thigh, strips of plaster are applied from below upwards diagonally across the front of the thigh, first upon one side and then upon the other, the sets crossing each other at acute angles in the median line of the limb. A firm roller is applied over the whole to keep the plasters in position, while, to the ends of the strips as they lap upon each other, on both sides of the knee strong webbing is sewn for the purpose of connecting with the elastic extension below. Extension being applied, the extensor muscles are not only put upon the stretch, but the diagonal position to the two sets of plasters by virtue of the direction of the strain, compresses the bellies of these muscles besides. This plan of treating muscles is not only applicable to cases of joint-disease and the like, but may be advantageously employed in cases of fracture in which the powerful action of a certain set of muscles obstinately tends to keep up a constant separation of the two fragments. In attaching the elastic webbing to the soft parts the ordinary adhesive plaster carefully and smoothly applied is always used, and is in turn maintained in its position by nicely adjusted bandages.



Next to a fair share of mechanical ingenuity in the use of this method of extension, success is only gained by the exercise of much patience and firmness on the part of the attendant, so that a constant stretching of the parts day and night be kept up for weeks. Intermissions in such a course, if allowed to occur either by neglect, design, or discouragement, are attended with the loss of much more ground than at first would be expected, owing to opportunities thus granted to the contracted tissues to recover in some degree the strength of habit.

As an evidence of the good effects of this method of extension, Dr. Davis asserts its power to relieve the pain which is sometimes such a distressing accompaniment to some forms of muscular contractions. He believes that the contraction of the muscles around diseased joints is first produced by an effort of the will to hold the parts motionless and in such comfortable a position as possible, and that the muscles getting into the habit of contraction, the exercise of the will is no longer necessary to keep up the contraction.—*Medical Record*.

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*Re-vaccination ; value of the Scar left by the first vaccination as an Indication of its Protective Influence.*

We find the following interesting and important statistics in the Report of Drs. Seaton and Buchanan on the State of Public Vaccination in London, and on the recent Epidemic of Smallpox, appended to the Sixth Report of the Medical Officer of the Privy Council for 1863.

“In the course of our school inquiry, we obtained facts that corroborate in the strongest way the law of connection between deficient vaccine scars and post-vaccinal smallpox. By showing how much smallpox has prevailed in the vaccinated children, the facts we are going to cite would be of themselves a sufficient condemnation of much of the London vaccination. We found 88 children scarred by smallpox out of the 49,570 school children who bore vaccine scars. This is at the rate of 1.78 per 1000 of the vaccinated children. Excluding the infant schools, and looking only to those children whose ages had given them longer exposure to smallpox, it was found (1), with respect to the quality of the vaccine scar, that out of each thousand children with typical scars, 1.22 were pitted by smallpox; out of a thousand with tolerable scars, 2.35 were pitted by smallpox; and out of a thousand with bad marks, 7.60 were pitted by

smallpox. (2) As for the protective influence of the quantity of vaccination in the individual, it was further ascertained that of those children who had 4 scars (whatever their quality), 0.67 only per thousand were pitted by smallpox; of those who had 3 scars, 1.42 in the thousand were so pitted; of children with 2 marks, 2.49 in the thousand were scarred by smallpox; while those children who had only 1 vaccination mark were scarred with smallpox at the rate of 6.90 in the thousand. At the one extreme of goodness, with 4 or more typical scars, only 0.62 per thousand children were scarred by smallpox, while at the other extreme of badness, with 1 bad scar only, 19.0 per thousand were scarred by smallpox. The best vaccination, therefore, was more than 30 times as protective as the worst."—*Boston Medical and Surgical Journal*.

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*International Medical Congress.*

The report in the *Union Médicale* of the proceedings of the International Medical Congress gives a highly graphic description of the sessions of the 23rd and 26th of August.

The Congress, it seems, was pursuing the course of its labors in peace, and was even a little sleepy, when *syphilization* intervened, and behold a war broken out! The brand of discord was thrown into the midst of the pacific assembly. The reporter declares that he never before had been present at a congress where the sessions were more noisy and stormy. The audience, ardent, passionate, tumultuous, was divided into two camps; the one for, the other against syphilization. The latter, the more numerous, supported M. Ricord with loud acclaim. For Ricord, "these two sessions were, from beginning to end, a long ovation, and a continuous triumph. The illustrious syphilographer may be said to have received on those memorable days the acclamations of the entire world, the crown of his splendid career." The other party, smaller in number, but with no less energy, sustained by voice and gesture M. Auzias-Turenne, who displayed in this unequal strife a talent, an activity, a firmness, and a warmth of conviction which it was impossible not to admire, though without sharing his opinions.

In the midst of the general excitement, a ludicrous incident occurred, to change for an instant the current of feeling. M. Ricord was saying that "he could desire nothing better than to believe in syphilization. From the outset of the alleged discovery of M. Auzias-Turenne he had said, if syphili-

zation were a reality it would follow that the soft chancre was to the hard chancre what vaccinia is to variola. M. Auzias-Turenne would be the Jenner of syphilis, and would have statues erected to him. But, unfortunately, the vaccinia of syphilis has not yet been found, and the pox still awaits its Jenner. If M. Auzias-Turenne believed in syphilization, let him syphilize himself. Quite enough patients had purchased with their health—even with their lives—the pretended benefits of syphilization.” At this moment, a member of the convention, getting up on one of the benches of the amphitheatre, and stretching out his arms, cries out twice, in a voice of thunder, “I am a physician—syphilized—and I am in good health.” (Prolonged merriment.)

(A voice from the auditory.) “Why has not M. Auzias-Turenne syphilized himself?”

(The previous speaker.) “M. Auzias-Turenne has not renounced marriage. As for me, I have not renounced it. What father, what mother, would be willing to give a daughter to a syphilized man?” (Laughter.)

M. Ricord—“Nay, if syphilization be a guarantee, syphilized subjects would be much sought for as family men.” (Laughter.)

M. Auzias-Turenne—“I have offered to make experiments before a commission; but my demand has always been rejected. It is desired that I make the experiments on my own person. I refuse from self-respect, not being willing thus to place myself at the disposal of M. Ricord and M. Bouillaud, for the sole purpose of gratifying their curiosity, and being afterwards the butt of their pleasantries.” \* \* \*

In the midst of a warfare of words between M. Ricord and M. Auzias-Turenne, M. Crocq remarked that the pending discussion was widely divergent from the question of the day, which was this:—*Is it possible to propose to the different governments any effectual measures for checking the spread of venereal diseases?* A delegate from the Belgian Government, would it be acceptable, he asked, for him to propose to his government to syphilize all the Belgians in order to check the spread of syphilis in Belgium? (Laughter.)

M. Crocq demanded that the discussion be closed. It was, however, continued through the succeeding session.

Subsequently, there was a prolonged debate upon legislative enactments having in view the eradication or diminution of venereal diseases. In the remarks on this question, it appeared that the registration and regulation of prostitution had been a failure even in Paris, where the registered are far

outnumbered by the clandestine prostitutes.—*Boston Medical and Surgical Journal*.

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*Cerebro-Spinal Meningitis.*

In an analysis of one hundred and sixty-one cases of cerebro-spinal meningitis, which occurred at the Philadelphia Hospital during the winter of 1866 and 1867, Dr. Githens makes the following statements:

The patients ranged from eight to sixty-eight years of age, and with few exceptions were intemperate and irregular in their habits; they lived in filthy neighborhoods, in crowded tenements, and frequently in underground apartments. The disease showed no signs of contagiousness, the cases being confined to no particular part of the house; two cases rarely came successively from the same ward. About a week of prodromata generally preceded the attack; there were muscular pains, general soreness, tenderness of the surface, so that a touch became painful; nausea and bilious vomiting, but little or no disturbance of the bowels. The eruption, which was one of the symptoms generally ushering in the real onset of disease, was not at all uniform in character, while thirty-seven out of ninety-eight cases had no eruption at all. The peculiar expression of countenance, the depressed corners of the mouth, the wild, staring, watchful gaze of protruded eyes, and the congested conjunctiva, were characteristic. Thirst, as insatiable as in cholera, was marked and persistent. The temperature was lower than is recorded of any other typhoid disease, ranging from  $100^{\circ}$  to  $105^{\circ}$ . The duration, including prodromata, was in many cases from twenty to thirty days. Death occurred in a little over twenty-six per cent. of the cases treated. Carbuncles and boils were frequent sequelæ; deafness, more or less marked, resulted in sixteen cases.—*Amer. Journal of Med. Sciences*.

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*Elephantiasis Græcorum; both Common Carotids Tied.*

Dr. J. M. Carnochan reports to the *Am. Journal of Med. Sciences* a case of the above disease, which had invaded the skin and subjacent tissues of the face and neck, spreading from a small pimple below the right corner of the mouth, until, at the end of fourteen years, the parts presented the appearances characteristic of leontiasis; sight, hearing, and smell were gone, from obstruction, and taste and sensation



were blunted. In the early course of the malady excision of the individual tubercles as they appeared, and later, constitutional treatment, had been tried without essential benefit. In November, 1858, the right common carotid was ligated, and the operation caused so great a diminution in the size of the morbid growth that sight and hearing were restored. At the end of six months, the disease appearing to be stationary, the left common trunk was tied. This caused a still further improvement, which continued until the fall of 1860, when the curative process was apparently passive. During the next six years various secondary operations were performed for the removal of nodular masses which had either appeared since the operations, or not shrunken equally with the surrounding parts, until, in December of 1866, it could be noted that there was no disposition in the disease to extend, but on the contrary, to further diminish; the senses were perfect, the operation of the brain unimpaired, the general health excellent, the spirits good, and the patient a useful member of her household.—*Medical Record*.

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*On a New Styptic and Adhesive Fluid—Styptic Colloid.* By BENJAMIN W. RICHARDSON, M. A., M. D., F. R. C. P., Senior Physician to the Royal Infirmary for Diseases of the Chest.

In the first of a series of lectures on Experimental and Practical Medicine, Dr. Richardson called attention to a compound fluid for instant and ready use in the dressing of wounded surfaces; a compound which is at one and the same time a styptic, an antiseptic, and a complete means of excluding wounded, abraded, or ulcerated parts of the body from the influence of the external air. The fluid, which, for the sake of brevity, he called "Styptic Colloid," is very simple in its construction; and although the process of making it is rather prolonged, it is sufficiently easy.

The fluid consists of ether and alcohol, the ether being in excess, saturated with tannin and gun-cotton. The fluids used as solvents must both be absolute; and the ether should have a low specific gravity, and boiling-point not higher than 92°-94°. The fluid, diluted in equal parts with ether, may be used in the form of spray; but the most common way of applying it is with a brush, precisely as gum is applied.

When the solution is thus brought into contact with an open surface of the body, the resultant phenomena are these. The heat of the body gradually volatilizes the ether and alcohol; and the tannin and the cotton are thus left stranded (as

the ether leaves them) on the wounded surface, in close combination. In proportion as the ether escapes, the blood or the secretion of the open surface permeates the tannin and the cotton. The tannin acts directly on the albumen, coagulating it, and transforming it into a kind of membrane almost like leather. The cotton meanwhile gives consistency to the mass, unites the whole, and promotes adhesion. As the tannin is in excess, any new exudative matter or blood is for some hours taken up by it, thus rendering the annealing process the more complete.

Dr. Richardson next proceeded to demonstrate the effects of the solution on blood, albumen, serum, liquor sanguinis, and purulent fluid. He showed that it produced solidification of all these fluids, adhesion of their parts, and deodorization when they were offensive.

By this dressing, then, the air is excluded from every possible point in a wound, in every possible direction; and that not by a mere septum, but by a direct combination of the animal fluids with the remedy.

The next part of the lecture bore on the modes of application. In the case of wounds of a recent kind, after the edges have been brought together by suture, the solution was freely applied with a brush; and a thin layer of cotton wool, saturated in the solution, was also laid in the line of the wound. To quicken hardening, the solution should be gently breathed upon as applied. In cases of open wounds, as open ulcer, the solution should be applied directly over the open surface; and, whenever there was reappearance of purulent or other discharge, again the solution should be applied. In compound fracture, the solution might even be poured gently into the wounded cavities. In no case need the dressing be removed, unless it were raised by discharge, unless there were foetor from the wound, or unless there were some general symptoms indicating purulent formation.

After giving these general instructions, Dr. Richardson proceeded to the narration of cases in which he had applied the fluid in practice; viz: cases of profuse hemorrhage; cases of common ulceration; cases of syphilitic ulceration; cases of open cancer; and cases of recent wound. In the latter class of cases he had treated with entire success an amputation of the foot by Chopart's plan, but in which the operator, Mr. Adams, owing to an ankylosis of the cuboid and os calcis, had been obliged to use the saw freely. In this case the wound healed throughout in three days; and although at the first dressing, a portion of the newly healed surface was

torn open for about a quarter of an inch, that reunited, and, on the sixteenth day, the patient was able to return to the country quite well, having never had one unfavorable symptom.

The styptic fluid, in most cases, acts well by itself; but it also forms a base for many other useful medicinal agents.

With *creosote* and *carbolic acid*, it forms a very powerful antiseptic solution; but this solution is rather irritating.

With pure *quina*, it forms a powerful antiseptic; but the compound is not so adhesive as the base.

With *iodine*, it forms an admirable solution, especially for cases of slow, fetid, indolent ulcer, strumous in character. It also combines with *iodide of cadmium*.

With *bichloride of mercury*, it unites well, and the resultant compound is most useful in large, slow, syphilitic ulcers. The mercury salt should be added in the proportion of one-twentieth of a grain to the drachm.

With *morphia*, pure, it also combines, and forms a soothing dressing in cases of irritable ulcer.

With *cantharidine*, it combines readily, the solution producing a kind of dry blister.—*British Medical Journal*, April 13, 1867.

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*On the treatment of incised wounds with a view to union by the first intention.*—By JAMES SYME, F.R.S.E.

In the *Edinburgh Medical Journal* for 1825 there is a paper on the "Treatment of Incised Wounds," which I wrote in order to show that the retention of blood between the cut surfaces was the great obstacle to their adhesion, and to suggest the treatment that seemed best calculated to prevent this effect. In those days it was the custom to seal up wounds immediately after their infliction by straps of adhesive plaster, which prevented the discharge of any fluid from the cavity, so that when the edges united, as they frequently did, a troublesome abscess was sure to result. Unless, therefore, the solution of continuity had two orifices, as when seated in the lips or cheek, so that there was thus afforded a drain for the bloody or serous effusion, complete primary union was hardly possible. The means that seemed most suitable for counteracting the want of drainage on the other and more ordinary occasions, when there was only one orifice, were to delay the closure of the wound until the oozing from it appeared to have ceased, to apply pressure along the course of its sides, and to place some bibulous material

over the lips. But the observations of M. Pasteur with regard to the effect of atmospheric atoms in causing decomposition, which have led to Professor Lister's treatment of wounds and abscesses, now established in Glasgow and Edinburgh, and certainly the most important improvement in surgical practice of recent times, has led to a complete revolution of ideas on the subject,

In cases of bruise, fracture, dislocation, and even operations of tenotomy, large quantities of blood are frequently effused more or less deeply under the integuments without causing any bad effect, and quickly disappear by means of absorption. How, then, does it happen that blood collected in the cavity of a wound should be productive of so much mischief? It can only do so, as Mr. Lister has shown, through the decomposing influence of atmospheric air, loaded with its myriads of organic atoms, and, therefore, if protected from this agency, would be no more hurtful than in the circumstances just mentioned. He has accordingly found, as stated in the preceding numbers of this journal, that wounds of the most formidable character may be divested of all their alarming features by means of carbolic acid, applied so as to prevent the impure air from entering.

This remarkable fact has led me to consider the expediency of resorting more frequently than heretofore to the use of "torsion" for the suppression of hæmorrhage. Ever since this method was proposed by the late M. Amussat I have employed it in wounds of the cheek and lips, and also occasionally in more serious operations, to let my pupils see that it was quite effectual, but have been prevented from adopting it for general use, by fearing that the absence of ligatures, which serve as conductors of the discharge, would increase the risk of blood or serum being pent up in the cavity. Feeling now happily relieved from any apprehension of evil being thus produced, I think "torsion" may in many, if not in all cases, be employed with advantage, instead of the ligature. In order to perform the process effectually, it is necessary that the artery should be seized by catch-forceps, and twisted until they become loose. It has been alleged that such a liberty with the vessel must cause it to slough, and thus disturb the adhesive action. But as this objection is altogether theoretical and contradicted by experience, it is unworthy of notice.

In illustration of what has been said, the two following cases may be mentioned as sufficient to substantiate the facts—



1st. That torsion effectually restrains the hæmorrhage of ordinary-sized arteries.

2d. That its action upon them does not prevent union by the first intention.

3d. That protection from the air prevents decomposition of the blood.

CASE 1.—On the 27th of May I amputated the middle finger of a young woman in the hospital at the metacarpal joint for disease of three years' standing, and arrested the bleeding by torsion of the arteries, which were three in number. A mixture of carbolic acid and linseed oil, in the proportion of one to five, having then been freely applied to the surface of the wound, I tied the adjoining fingers together so as to retain the cut edges in contact, and placed over them a piece of lint soaked in the carbolic mixture. The result at the end of three days was complete and perfect union without any discharge of matter.

CASE 2.—On the 11th of June Mr. Annandale removed a tumor from the chest of a male patient by an incision ten inches in length, and employed the torsion for five arteries, two of which were of considerable size. He then applied the carbolic mixture freely to the wound, brought its edges together by silver sutures, and covered them with lint soaked in the protective fluid. Three days afterwards I saw the wound soundly healed without a drop of matter.

The following case is sufficient to prove—if proof were wanting—that ligatures do not prevent primary union beyond the extent which they occupy.

CASE 3.—On the 11th of June a young man was admitted into the hospital on account of a large brachial aneurism, the size of an orange, at the bend of his elbow, which had resulted from the thrust of a file two months before the time of application. I laid open the sac to its full extent, removed the blood and coagulum, tied the humeral artery on both sides of the orifice, twisted a small vessel that bled, rinsed out the cavity with the carbolic mixture, and applied a piece of lint soaked in it on the wound. There did not follow the slightest local or constitutional disturbance; and complete adhesion took place, except at the small point where the ligatures lay, from which a few drops of pus were discharged. On the fifth day one of the ligatures came out, and on the sixth the other; so that on the seventh day the recovery might be regarded as perfect.

## EDITORIAL.

## National Eclectic Pharmacopœia.

OUR readers will pardon us if we seem too persistent in presenting the claims of this measure to their consideration. A complete and thorough revision of our Pharmacopœia seems to us a measure of urgent necessity, and in view of the fact that this matter closely and intimately concerns the professional success and reputation of every Eclectic physician, we feel that we cannot too strongly press it upon the attention of the profession. Our various societies and practitioners generally do not seem to recognize the vital importance of this movement to their own interests. There seems to be a supineness, an indifference in regard to it, which is hardly less than culpable, under the circumstances. While our Pharmacopœia compares favorably with that of the United States in systematic arrangement, in comprehensive character, and in completeness of information upon established remedies, yet the immense number of facts which have been developed in regard to many new remedies, demands a step still farther. Comparatively little of the information in regard to the therapeutical excellencies of what are properly termed "Eclectic remedies," is embodied in our Dispensatory. When the first edition of the Eclectic Dispensatory was prepared, some years ago, Eclectic medicine was then in its infancy. Our principal remedies were but insufficiently tested, their most active and valuable remedial principles entirely unsuspected, or but obscurely understood, and their general scope and applicability not fully comprehended. Since that time many agents which are destined, no doubt, to occupy a high rank in our Materia Medica, have been proposed and brought into use by individual practitioners, but have never been brought prominently before the notice of the general profession, or if so, it has been in such an indefinite and unauthoritative manner that the profession generally has placed but little reliance upon them. Again, other agents have been suggested and recommended by persons unskilled in their use and incapable of judging of their remedial value, and their claims have been urged with more pretension than their real value warranted. Many manufacturing chemists, who made a specialty of preparing these remedies, with an ignoble zeal for the advancement of their own interests to the detriment of the profession, imputed to them wonderful properties and marvellous virtues, which,

on experiment, they were not found to possess. The consequence may readily be imagined. Physicians found that their pretended virtues were not confirmed by practical application, that their qualities had been misrepresented, and that they were unreliable in accomplishing the indications they expected them to fulfil. In this way many remedies of unquestionable therapeutical excellence were brought into disrepute and disfavor, solely because of the extravagant and injudicious laudation they have received. What we want is this: these remedies should be more rigidly tested; they should be subjected to a more thorough system of experimentation; the whole range of their medicinal virtues should be investigated and definitely determined; those agents which have no positive remedial value and which only serve to encumber the *Materia Medica* should be thrown aside; and the great mass of therapeutical information which the experience and observation of individual practitioners has developed, should be collated, systematized and made available for the general good. We have, as yet, considered this measure only in its direct bearing upon the individual interests of the Eclectic physician, but it is important in another point of view. Were we asked to point out the superior benefits which Eclecticism has conferred upon medical science and the human family, we would refer to the development of our indigenous *Materia Medica*. The entire revolution which has taken place in the treatment of disease is principally due to the discoveries which Eclectics have made in our medical botany, and the lead they have taken in the substitution of safe, sanative and efficient remedies, in the place of those pernicious agents formerly so much in vogue. True, in Pathology, in the practice of Surgery, and in other departments, Eclectics have made valuable discoveries and remarkable improvements, but it is in this field of experimental research that we have met with the largest and most gratifying success. We are principally and most favorably known in Europe by our concentrated remedies, and we should see to it that the real discovery and introduction of these medicines should be recognized and acknowledged, and our school receive the credit to which it is justly credited.

Again, there is an urgent necessity for a revision of our Pharmacopœia, in order that a uniform standard of formulæ for the Pharmaceutical preparations of our school should be fixed upon and conformed to by our manufacturing chemists. We do not propose to enter into an examination of the relative merits of the preparations

of competing manufacturers, or of the alleged advantages of their particular methods of manufacturing them. We wish it to be understood that we do not give our unqualified sanction to any of the various "essential," or "concentrated tinctures," "fluid extracts," "solid extracts," etc., with which the market is flooded. We believe that there is *one best method* for the manufacture of these preparations. This should be recognized and adopted in our Dispensatory. As it now is, the preparations of various manufacturers are so different in character, strength, and medicinal properties, that it not only leads to an embarrassing confusion in prescribing them, but sometimes to dangerous results, and in this way, as well as in many others, acts prejudicial to the success and interests of practitioners.

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#### The Board of Examiners.

It will be remembered that, during the present year, the allopaths of Ohio made the attempt in the Legislature of that State to have a law enacted establishing a Board of Examiners, in whom was to be vested the power to issue licenses to practise medicine to such persons as they might find qualified for the same. That was the carrying out in that State of a duly and well-concocted plan for the extermination of all those who were engaged in the practice of medicine not according to the legitimate plan, as laid down by the so-called "fathers of medicine." But "the best laid plans of mice and men aft—gang alee;" and so with these. They were ignominiously defeated in their ignoble attempt to injure a large and influential party in medicine, by the representatives of those reform physicians who at home give them their confidence and patronage. We expected that that was a part of a plot of national dimensions, and that at some favorable time the same game would be tried in New York. We have not been disappointed. During the recent session of the Constitutional Convention a similar proposition was offered to be embodied in the State constitution. It was referred to the proper committee, and has not yet been taken up. The Convention is now in session, and it may come up at any time. It would be well, therefore, to have our friends prepared to meet and defeat the nefarious scheme. We were first notified of it by a paragraph in a daily paper which referred to it and commended it. We think the editor could not have understood the importance of what he was writing; and it might, had it so come up, have been



passed and become the law, without any effort being made for its defeat. The attention of the Brooklyn Academy of Eclectic Medicine and the New York Eclectic Medical Society, and also the Executive Committee of the Eclectic Medical Society of the State of New York, was called to the matter, and strong remonstrances have been sent up to the Convention against the passage of such a clause in the constitution, or anything of a similar import. Eclectic physicians in every part of this State, and of every other State, be on the alert! Influence the members of the Convention from your districts; send up remonstrances to the Convention; set yourselves to work to defeat the efforts of your enemies to degrade you, by keeping you from the practice of your chosen calling. If you sleep they will circumvent you, and you will find that your supineness has been your ruin. Let the whole matter be fairly exposed to the Convention and all will be well, for your friends will not go back on you, and your enemies will be made to eat their own dirt.

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#### Writings of Prof. W. Byrd Powell.

IN consequence of the great interest that is now being manifested in the investigations and discoveries of Dr. Powell, and there being no compilation of his various papers upon some of the most important physiological points, and his work on Human Temperaments being out of print, we are gratified at being able to announce to the profession that a medical gentleman of high professional and literary abilities is now engaged in preparing a work which will contain all of Prof. Powell's writings. His doctrine of the Human Temperaments—the Laws of the Human Temperaments in relation to Marriage and the Fatal Consequences of their violation to Progeny—Consanguine Marriages—Physiological Incest—Means of determining the Incompatibility of parties—Vital Tenacity and Vital Vigor—Means of determining the Vital Force, or the Life Line by which the longevity of every person can be determined with almost unerring certainty—the protection of Society from Crime, etc.—with many other valuable papers which have never been published. We are highly gratified that we now have the prospect of a complete and systematic compilation of all his writings, with such addenda as will make it one of the most valuable works in the English language. The work will be illustrated with Mr. Buttre's very best steel-plate engravings.

Our readers will be notified from time to time of the progress of the work, and the date of its issue.

## Cholera Reports in Cincinnati.

WE find the following in the *Commercial* of that city, Sept. 4th, 1867:

The statistics contained in the Health Officer's report for the month of August are of very great interest, and are full of encouragement as to the health of the city. It is very remarkable, not only that there has not been a case or a death of cholera in this month, but that there has been a singular exemption from diarrhœal disease. For August, 1867, we had deaths from cholera infantum, 46, acute diarrhœa, 9, chronic diarrhœa, 5, dysentery, 9, not only no deaths from Asiatic cholera, but none from cholera morbus. In August, 1866, we had deaths from Asiatic cholera, 1,133; cholera morbus, 66; cholera infantum, 131; acute diarrhœa, 40; chronic diarrhœa, 15; acute dysentery, 15. The total deaths in this city for August, 1866, were 1,817. Total for August, 1867, 336—a difference of 1,481. The Health Officer renders an important service in preparing and publishing these statistics.

We cannot see why the public mind of Cincinnati was so very sensitive at a small paragraph which appeared in the *New York Daily Tribune*, at the time cholera was prevailing in that city, so much so as to desire the *Tribune's* informer to say that cholera did not exist. Better in all such cases, make simple reports.

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## The Empire Chemical Laboratory of New York.

WE have been requested to call attention to the removal of the above establishment from No. 6 Walker street to the more capacious and convenient premises, No. 221 East 26th street, near 3d Avenue, and to the latter address the profession are invited in future to send their orders,—a rapid increase of business, and the more full development of the enterprise, having made this change necessary.

In this connection, we would refer to several preparations undergoing investigation, and manufactured at this establishment, some of which are of the highest importance to the profession, developing therapeutic powers not before obtained by any agent of the *Materia Medica* and filling indications of special interest.

## AGRIMONIA EUPATORIA.

We have used this agent very extensively for several years past, and find it almost a specific in Dropsy. In Gonorrhœa, combined with Gelseminum and other agents, it is equally valuable, and as a diuretic it is more effective and easy of action than any other agent that we have used.

## SARRACENIA PURPUREA.

A prophylactic and specific in smallpox, and fills many other valuable indications.

## SILPHIUM GUMMIFERUM,

(Rosin weed,) is highly valuable in Asthma and in lung diseases, also said to possess great diuretic powers; the Agrimony having filled the latter indication, we have not yet fully tested the power of the Silphium in this particular.

Calendula officinalis, a valuable application to recent wounds, and for use as a dressing after surgical operations, preventing suppuration and causing the parts to heal by first intention. Prof. E. Freeman has used it for this purpose, with entire success.

## COLLINSONIA CANADENSIS.

In addition to the many well-known valuable properties of this agent, we have used it with the most satisfactory results in cardiac affections, and as an arterial sedative in pneumonia and kindred diseases; where the veratrum has been contraindicated, the collinsonia has answered all the indications.

Every credit is due them for the care and skill displayed in the investigation and manufacture of "concentrated preparations," of these and other agents, representing the whole of their therapeutic elements, devoid of inert matter, elegant in form, and that will not deteriorate by age; another great consideration is, that they can be combined with other medicinal agents with as little possibility of decomposition or precipitation as any other preparation of the same strength that has come to our notice.

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Editorial Clippings.

WE make the following extracts from the Brooklyn Union, Oct. 8th, 1867:

## THE ECLECTIC MEDICAL SOCIETY.

The Eclectic School of Medicine is, as its name implies, selective. It is in for the best. It is devoted to no particular procrustean theories, believes none perfect, but strives to find the good in all, and, finding it, uses it. It has faith in progress, and regards it "as one of the most important duties of the Medical profession to investigate truth, from whatever source it may come, and in every proper mode to encourage the fullest and freest investigation by all." It rejects nothing that it finds good, and is ready to associate with all physicians who will accept the association, on the ground of common pursuit of the same object and having common interests in view, and respects fellow-physicians in proportion to their merits. As far as it adheres to these principles, the Eclectic School of Medicine is liberal, progressive, and successful, and is growing rapidly in popularity and influence. It wars against the proscriptive tenets and jealousies of the old school doctors, and rejects their mercurial remedies as of no benefit but positively injurious, but accepts their science, and gives them in turn some of their most beneficent and effective remedies.

The Eclectic Medical Society of the State of New York numbers, according to the catalogue prefixed to the volume of its transactions, for a copy of which we are indebted to the Secretary, Dr. P. W. Allen, of New York, 98 members. It is chartered by the Legislature, and has conferred upon it all the powers which are given to the "State Medical Society" (allopathic), or others. It is supplemented by eight auxiliary societies, organized by Senatorial districts, and is represented in this city by the Brooklyn Academy of Eclectic Medicine, which meets on the second Thursday of each month, at 100 Clermont Avenue. The officers of the latter Society are: D. E. Smith, M.D., President; E. H. Sands, M.D., Vice-President; H. E. Firth, M.D., Secretary; and B. F. Stow, M.D., Treasurer. Its members are among our most active and best esteemed physicians.

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REVIEWS AND BIBLIOGRAPHICAL NOTICES.

INJURIES OF THE EYE, ORBIT AND EYELIDS; THEIR IMMEDIATE AND REMOTE EFFECTS. By GEORGE LAWSON, F. R. C. S., &c., Eng., Assistant Surgeon to the Royal London Ophthalmic Hospital, Moorfields, and to the Middlesex Hospital, &c.



THIS is the title of a book just published by Longmore, Green & Co., of London, England, in superior style, and we welcome it as a work which, from its intrinsic merits, must take a position among the standard works on the diseases of the eye.

A very important feature of the work is, the illustration of particular injuries and their treatment, by the presentation of cases in actual practice in the hospitals of which he is the assistant surgeon; "feeling," as he says, in a very modest preface to the work, "that the truthful record of what has been makes a more lasting impression on the mind than the mere detail of what may be." A glance at the contents may indicate to the inquirer the value of the work, as each particular injury is minutely described and the treatment illustrated.

Chapter I. is on Superficial Injuries of the Eye; chapter II., Injuries of the Eye from Burns, Scalds and Chemical Agents; chapter III., Penetrating Wounds of the Eye, and other Injuries of the Cornea and Lens; chapter IV., Traumatic Cataract; chapter V., Capsular Opacities and Dislocations of the Lens; chapter VI., Foreign Bodies within the Eye; chapter VII., Traumatic Interocular Hæmorrhage, and Rupture of the Globe; chapter VIII., Gunshot Injuries of the Eye; chapter IX., Sympathetic Ophthalmia; chapter X., Injuries of the Orbit; chapter XI., Injuries of the Eyelids.

Concerning Traumatic Cataract, he says: "In certain diseases in which the nutrition of the body is below the standard of health, we find a predisposition for cataract; thus it is frequently met with in diabetes and in albuminuria. Now, as the source through which the lens derives its support is very frail, it is also liable to be seriously influenced by external injuries to the eye, which may be comparatively slight, and certainly insufficient to cause rupture of either the cornea or the sclerotic. A sudden jar or a blow on the eye may, without even injuring the lens capsule, so disarrange the internal structure of the lens, that its nutrition may become diminished, and as a result its transparency will be ultimately destroyed." By such explanations the student is instructed into the causes of diseased conditions in a manner that he will find but in few works of greater pretensions. His articles on the "linear extraction of cataract," "suction operation for cataract" and "traction operation for cataract," are, to say the least, very interesting and instructive.

Gunshot injuries of the eye, forms the subject of a chapter which is important to the student, because of the little that is usually written on it.

At the end of the book he has introduced an abstract of the surgical report of the Royal London Ophthalmic Hospital, Moorfields, 1866. Also Test Types corresponding to the "Schrift-Sealen" of Professor Edward Jæger, of Vienna.

The type of the work is clear; it is on the best paper, is handsomely bound, and contains 430 pages, including the index. Price—\$6.00.

A BIENNIAL RETROSPECT OF MEDICINE AND SURGERY AND THEIR ALLIED SCIENCES. Edited by Mr. H. POWER, Dr. ANSTIE, Mr. HOLMES, Mr. THOMAS WINDSOR, Dr. BARNES, and Dr. C. HILTON FOGG, for the New Sydenham Society. Philadelphia: Lindsay & Blakiston; New York: William Wood & Co. Price, \$3.50.

THE above work of 500 pages closely printed matter, is a condensed collection of all the discoveries and improvements made in the various branches of medicine within the past two years ('65 and '66). We always extend a hearty greeting to publications of this kind, when they come, as this does, with the proper credentials of merit, and show, on minute examination, that they really contain the promised information.

The object aimed at is a good one, and the means adopted by the "New Sydenham Society" are the only practical ones to accomplish the desired end effectively. It is impossible for the medical practitioner, immersed in the daily business incident to his profession, to find time to read all the journals published in Europe and America, by which means alone he can keep fully informed in relation to the progress and discoveries from time to time being offered, as the result of investigations instituted in the different branches of medical science. According to the arrangement of this work, as seen below, different individuals are assigned the duty of collecting everything important in special branches, and a synopsis of the whole is presented in convenient form. References are at the same time made to the various papers in which the subjects are originally discussed, so that if further investigation of a particular subject is desired, there is no difficulty in finding the requisite information. As a synopsis, therefore, of new matter in the various departments of medical science and as a book of reference, the work before us is of incalculable advantage to the practitioner, who desires to keep pace with the advance of the age. Every one should avail himself of this means of gaining much in a small compass and at little cost.

The work comprises a report on the following subjects: Physiology, Practical Medicine and Surgery, Ophthalmic Medicine and Surgery, Midwifery and Diseases of Women and Children, Medical Jurisprudence, Materia Medica, General Therapeutics, and Public Health. Much that is eminently serviceable is contained in these reports. We could give many quotations that would be both interesting and useful, but have space only for one, to show the scope and practical bearing of the work. Under the head of Public Health, is a report from Mr. Simon, who, after showing the disastrous consequences resulting from overcrowding, &c., strongly urges that local, and municipal authorities should not only avail themselves of all the powers conveyed by law, but even *technicalities*, to enforce the necessary restrictions which can alone abate the evils. As all in cities suffer from this system of overcrowding, growing out of the cupidity of property owners and the necessities of the poor, we call the attention of all "Boards of Public Health" and, through them, municipal authorities, to the following valuable suggestions of Mr. Simon:

I. "To deal universally with overcrowding, on the basis of its being technically a 'nuisance,' and to take as the sole test of overcrowding, the proportion borne by the number of occupants to the size and ventilation of given space."

(Mr. Simon thinks that the law ought not to be based on the assumption that children require less breathing space than the same number of adults; and this for two reasons. (1.) Because even healthy children are, weight for weight, twice as powerful as adults in deteriorating the air they breathe; (2.) Because children almost invariably pass through febrile disorders, by which the requirements of space are greatly increased. It is also practically important that in the letter of the law there should be no distinction between overcrowding by a single family, and by several, a discretionary power being given to magistrates to relax the law in certain cases when members of only a single family are crowded together.)

II. "To apply to the so-called 'tenement houses' of the poor, a system of registration and regulation akin to that which is applied to common lodging-houses under the statutes of 1851 and 1853."

(Mr. Simon refers, probably, to those large but ill-circumstanced houses, once, perhaps, wealthily inhabited, but now pauperized, and often without a span of court-yard, either front or back, where in each house, perhaps, a dozen or more rooms are separately let, to a dozen or more families, each family with but a room to itself, and perhaps lodgers; and where, in each house, the entire large number of occupants (which, perhaps, even in England, may be little short of a hundred) necessarily have but the use of a single staircase and of a privy, which is, perhaps, placed in the cellar.)

III. "To enforce everywhere against the use of cellar-dwellings the restrictions which, under the 67th section of Public Health Act, are enforceable in places which are under that act and the 'Local Government Act.'"

IV. "To exercise against premises and parts of premises, which by want of access of light or air, or by dampness, or through ruinous condition, are rendered unfit for human habitations, the same powers as against premises which by 'nuisances' are rendered unfit."

V. "To acquire premises by compulsory sale, either in order to make needful openings or clearances, where ground is too closely built upon, or for other sanitary improvements."

Finally, Mr. Simon is in favor of the proposition, that the local authority which is exercising improvement powers (and also, perhaps, individuals interested in the well-doing of work people) should have a *locus standi* for opposing the grant of compulsory powers of purchase to railway companies and others, except on condition that where many habitants are destroyed, at least as many should be substituted for them.

The portions of the work devoted to the Nervous System, and Medical Jurisprudence contain much valuable information. Indeed, the same may be said of every report, and we cordially recommend the book to every physician, with the assurance that he will nowhere find *more* valuable matter for the same money.



A TREASISE ON HUMAN PHYSIOLOGY.—Designed for the use of students and practitioners of medicine, by JOHN C. DALTON, M.D., Prof. of Physiology and Microscopic Anatomy in the College of Physicians, New York, &c., &c. Fourth edition, revised and enlarged, with 274 illustrations. Philadelphia, Henry C. Lea, 1867.

It requires such a vast amount of knowledge to write a comprehensive and systematic treatise on Physiology, that few men are found competent to accomplish the task. It is necessary to have an intimate acquaintance with many kindred sciences; as Anatomy, Chemistry, Zoology, Botany, Geology, and the various branches of Natural Philosophy. The great popularity of the first three editions of the work before us, and the flattering reception by the profession and scientific men generally, is the strongest proof that its author is in possession of the necessary qualifications to entitle him to a place in the first ranks of physiological writers. The progress made in physiological science within the last few years called for a new edition, and the present, the fourth, comes to us revised, enlarged, and corrected; incorporating all the latest improvements and discoveries made in this branch of medicine, giving us the most accurate and philosophical explanation of the functions of the human system.

The work of Prof. Dalton is so well known and so highly appreciated, that little need be said concerning it. It comprises three sections: the first, under the head of Nutrition, treats of the proximate principles of the human body; Food, Digestion, Absorption, the Bile, the Spleen, the Blood, Respiration, Animal Heat, the Circulation, the Lymphatic system, Secretion and Excretion. The second is devoted to the Nervous System and special senses; whilst the third gives us probably the most accurate, and certainly the most entertaining treatise on the subject of reproduction that has ever been written.

In the present edition, new and important facts have been added, upon the subjects of muscular action, histology and the circulation; but the greatest number of additions and improvements have been made in section second, upon the Nervous System. Taken as a whole, the work may be regarded as one of the best, if not *the very best* extant, upon the subject of human physiology.

Without reference to its scientific merits, it would occupy a high place as a literary production. The style is lucid, easy, graceful; the ideas presented concisely, yet clothed in language agreeable to the taste, making it a pleasure to read the book.

The work is specially designed for the use of students and practitioners, but is equally necessary to the metaphysician, and of great value to the general reader.

The student finds in it an admirable text-book, embracing all the essential facts known upon the subject of Physiology, with a clear and philosophical explanation of the singular and beautiful operations of vital phenomena. The physician should have it in order to keep pace with the advances made in a branch of science on which is based



a correct practice, for when Physiology ceases to be a speculative, and becomes a positive science, empiricism will be banished, and the art of prescribing be governed by fixed and positive rules.

The metaphysician will find in section second a guide to a positive philosophy, as it is only by a knowledge of the structure and functions of the brain that a true interpretation can be given to the occult operations of the mind. To the general reader, section third will furnish a most pleasing explanation of the interesting and mysterious laws of reproduction, and impart information both gratifying and useful.

Thus, to these four classes of readers, we can safely recommend the work of Prof. Dalton, and hope that it will receive the favor to which its merits as a scientific and literary production justly entitle it.

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## NEWS AND MISCELLANY.

### ANNUAL REPORT OF THE SECRETARY OF THE ECLECTIC MEDICAL SOCIETY OF THE CITY OF NEW YORK, PRESENTED AT THE ANNUAL MEETING, Nov. 20, 1867.

*Mr. President and Gentlemen of the Society :*

Two years ago, last week, Nov. 14, 1865, this Society was formed, at the residence of our late and lamented President, Dr. H. M. Sweet, and we have thought it might prove interesting to report, at this, our second anniversary, some facts with reference to our history and progress as a society.

In the first year of its existence, the following were the professional subjects discussed, and the essays presented, at the several meetings, so far as they appear upon the records, viz. :

*Jan. 20, 1866.*—DISCUSSION : Asiatic Cholera.

*April 18.*—ESSAY : The Physiological Condition of the Blood, by Dr. E. Whitney.

*June 20.*—DISCUSSION : A College, Hospital and Dispensary, and their Importance in advancing the Interests of the Profession.

*July 18.*—ESSAY : The use of Sarracenia Purpurea in Variola ; by Dr. A. B. Whitney.

*Sept. 12.*—ESSAY : The Nursery at Randall's Island, and the Inoculation of Small Pox ; by Dr. A. B. Whitney.

*Oct. 10.*—DISCUSSION : The Eclectic Organization in New York City, its Progress and its Importance in correcting some of the Political and Professional Errors of the day.

We have thus, in the first year, a record of only eight meetings held ; three essays presented, and three discussions on professional subjects, in addition to those directly elicited by the three essays. We judge from the records, that the discussions were of much interest, as well as the essays, but our limits will not permit us to give any synopsis of the views of the various speakers, or even to give a list of those who took part in the discussions.

At the close of the first year, the Society numbered eleven members.

During the second year, just now closed, sixteen members have been added; in other words, three-fifths of all who have ever joined the Society, have united with us during the past year; and four new members are proposed for election this evening. Should the Society increase as much in the year upon which we now enter, our organization will number more than forty members at our next anniversary.

During the past year, the following were the professional subjects discussed, and the essays presented:

*Nov. 21, 1866.*—**ESSAY:** The Medical Statistics of New York City.

*Dec. 19.*—**ESSAY:** Occlusion of the Vagina, and Report of an Operation for its Removal; by Dr. A. B. Whitney.

**ESSAY:** Tubercle; its Formation, its manner of Deposit in the Lungs and elsewhere, and its Hygienic and Therapeutical Treatment; by Prof. Edwin Freeman.

**DISCUSSION:** The Therapeutic Action of Calomel.

**DISCUSSION:** On the Endowment of Medical Colleges and Hospitals.

*Dec. 26.*—**DISCUSSION:** Medical Education.

*Jan. 16, 1867.*—**ESSAY:** Inversion of the Uterus.

**DISCUSSION:** The Treatment of Asthma.

*Feb. 20.*—**ESSAY:** The Preparation of Concentrated Tinctures, or Saturates; by Dr. Wm. R. Hayden.

**ESSAY:** Report of a Case of Poisoning by Arsenic, and its successful Treatment; by Prof. Paul W. Allen.

**ESSAY:** Operation for a Peculiar Case of Strangulated Hernia; by Prof. Edwin Freeman.

*March 20.*—**DISCUSSION:** The Treatment of Arsenical Poisoning.

**Report of Case—**Syphilitic Inoculation; by Dr. A. B. Whitney.

*April 17.*—**LECTURE:** The Chemical Tests of Arsenical Poisoning; by Prof. J. Milton Sanders.

*May 15.*—**ESSAY:** Puerperal Convulsions; by Dr. A. B. Whitney.

**Report of Case—**Partial Paralysis, and its successful Treatment by Electricity; by Dr. E. H. Millington.

*June 19.*—**DISCUSSION:** The Treatment of Puerperal Convulsions.

*July 18.*—**Report of Case—**Extensive Necrosis of the Lower Jaw, from the use of an Amalgam Tooth-Filling, and its successful treatment; by Prof. Paul W. Allen.

**Report of Case—**Non-Union of the Humerus after Fracture, of two years duration; by Prof. Allen.

**ESSAY:** Veratrum Viride; by Prof. Robert S. Newton.

*Sept. 18.*—**DISCUSSION:** The Proposed Board of Medical Examiners of the State of New York.

**Report of Case—**Fistula in Ano and its Treatment; by Dr. A. B. Whitney.

**Report of Case—**Ulceration within the Os Uteri, in the second

month of Pregnancy, and its successful Treatment with the Chloride of Zinc.

ESSAY: The Curability of Cancer; by Prof. R. S. Newton.

Oct. 16.—ESSAY: Vegetable Medicinal Preparations; Some of the Causes of their Non-reliability, and Lack of Uniformity in Strength; by Prof. Chas. T. Hart.

ESSAY: Cerebro-Spinal Meningitis; its History, Pathology, and Treatment; by Dr. J. M. Comins.

From this statement, it will appear that within the past year, twelve meetings have been held; twelve essays presented, one lecture given, eight reports in detail of important cases, with their treatment, besides several discussions on medical subjects, in addition to those elicited by the essays, the lecture, and the cases reported.

Our medical brethren from the Brooklyn Society have contributed much to the interest and value of our meetings, and every meeting has been of much usefulness to every medical man present. The discussions on every topic presented have been freely engaged in, with fraternal courtesy; and not a few original suggestions have been presented on important points of medical and surgical practice.

The students in the Eclectic Medical College of the City of New York have ever been cordially invited to attend the meetings of the Society, as well as the members of the Brooklyn society. Several of these students, some of whom were graduates of other medical schools, and had been for years engaged in medical practice before matriculating here, have expressed their gratitude for valuable information which they have received from the essays, reports, discussions, and rare methods of treatment here presented. It is safe to say that at least eight times as much matter of a professional character has been presented, during the past year, as during the year before.

PAUL W. ALLEN, *Secretary*.

111 East Eighty-second Street, Nov. 19, 1867.

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Baron von Liebig read a note "*On an Alimentary Preparation for Replacing Human Milk for Children.*" Human milk of a person in good health contains, per cent., caseine, 3.1; sugar of milk, 4.3; butter, 3.1. Baron von Liebig concluded therefrom that woman's milk contains:—Blood-forming principles, 1 part; heat-producing principles, 3.8 parts. By mixing flour and milk in certain proportions, it is easy to compose a food in which the two nutritive principles are in the same proportion as in human milk—viz., 1 to 3.8. Cow's milk contains, on an average, 4 per cent. of caseine, 4.5 of lactose, 2.5 of butter. If we take, then, 10 parts of milk, 1 part of wheat flour, and 1 part of ground malt, we have a mixture satisfying all the necessary conditions. For preparing this the author recommends the following method:—A mixture is made of 15 grammes of wheaten flour, 15 grammes of ground malt, and 6 grammes of bicarbonate of potash; 30 grammes of water and 150 grammes of milk are then added. The whole is then heated and continually stirred until the mixture begins to thicken. It is then taken off the fire

and stirred all the while. After five minutes it is boiled, and then strained through a wire or hair sieve. The ground malt necessary for this preparation is easily furnished by barley malt, obtained at any brewery. It can be ground in a common coffee-grinder, and then passed through a sieve. If this preparation is well made, it is as sweet as the natural milk; it is fluid enough, and keeps for twenty-four hours. In Germany the use of this food is very extensive, and its nutritive qualities are found to be excellent. It has a slight taste of flour or malt, to which children get accustomed—in fact, they soon prefer it to any other food.—*Trans. Acad. Sciences—Paris*, May 20, from *Chemical News*, &c.

### BOOKS AND JOURNALS RECEIVED.

The Physiology of Man. Designed to Represent the Existing State of Physiological Science, as Applied to the Functions of the Human Body. By Austin Flint, Jr., M. D., Professor of Physiology and Microscopy in the Bellevue Hospital Medical College, etc., etc. D. Appleton & Co., New York, 1867. Will be reviewed in our next No.

The Principles of Medicine. By John M. Scudder, M. D., Professor of Institutes and Practice of Medicine in the Eclectic Medical Institute of Cincinnati, etc., etc. Cincinnati, 1867. Will be noticed in next number of the Review.

A Catalogue of Medical Books, embracing new and standard works. Wm. Wood & Co., publishers, booksellers and importers, 61 Walker street, New York, 1867.

Morgan's British Trade Journal and Export Price Current. A complete monthly resume of all items of interest to traders resident out of England. London, October, 1867.

Drake's Reports of Artificial Limbs, &c., 61 Nassau street, Brooklyn, N. Y.

Catalogue of Pure Medicinal Preparations. By Tilden & Co.

The Chemical News and Journal of Physical Science.

Buffalo Medical and Surgical Journal.

Boston Medical and Surgical Journal.

Eclectic Medical Journal of Cincinnati.

The Druggists' Circular and Chemical Gazette.

The Journal of Materia Medica.

Pacific Medical and Surgical Journal.

The Leavenworth Medical Herald.

The Galveston Medical Journal.

The Dental Register, Cincinnati.

The Dental Cosmos, Philadelphia.

American Homœopathic Observer.

The American Journal of Photography.

The Herald of Health, New York.

Phrenological Journal, New York.

The League, November, 1867.



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ORIGINAL COMMUNICATIONS.

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The Forces.

A LECTURE DELIVERED BEFORE THE CLASS OF THE ECLECTIC MEDICAL COLLEGE  
OF NEW YORK.

BY PROF. J. MILTON SANDERS, M. D., LL.D.

WHEN we look about us with the clear vision of a well-cultivated intellect, and generalize the apparently heterogeneous mass of phenomena which are involved in the play of the forces that actuate matter, we are filled with pride and gratitude—the former, that we have been enabled, through our own indomitable exertions, to penetrate so deep into the subjective; and the latter, that an allwise Providence has beneficently gifted us with powers which so readily respond to cultivation. To the mind little skilled in interpreting nature's laws, the world is filled with mysteries. The caverns are peopled with their Gnomes, the air with its Sylphs, its Naiads, Oreads, Napeæ and Dryads; and the waters with their Nymphs; while every natural phenomenon is attributed to the special interference of mysterious spirits. It is only after having expanded the mind by arduous study and investigation, that these rhapsodies are eradicated, and the mental vision so cleared, that it is enabled to perceive

the existence of those laws which govern matter, and even prevail over sensuousness and the intricacies of thought itself.

Having divested itself of all these cabalistic notions, by having traced the natural laws through their various phases, the mind is prepared to extricate itself from the superstitions of the early ages, and to take cognizance of things as they really exist around us. We no longer accept the *ipse dixit* of imaginative writers as axioms of unimpeachable wisdom, nor peruse their tedious periphrasis with the veneration of former days. Even science itself has changed within a brief period, and we look upon the descriptions of the former "fluids"—synonymous with the forces—with emotions not unlike ridicule. Ponderous tomes have been elaborated—monuments of patience and verbosity—in which the nature of these mysterious "fluids" have been detailed with painful minuteness. With a perfect independence of the imputation of contradiction, they have given these fluids the wondrous qualities of Proteus; and ere we have delved half way through these multitudinous pages we are impressed with the conviction that these fluids are the quintessence of all that is unfathomable and mysterious. The investigations of later days have revealed the fact, that these fluids are synonymous with force, and that, instead of the profound mystery attributed to them, their nature and correlations are as simple as they are wonderful and beautiful. We find that throughout nature there exist certain forces which are ever at work in one form or another, and we propose to examine these forces a little minutely. We will find that the indestructibility and correlation of those forces will instruct us deeply into the nature of life itself. Perhaps in the beginning motion was the primary force, and its coordinates—heat, light, electricity, and magnetism—quickly followed. The equivalency and convertibility of these forces will occupy our time during this lecture. Let us examine the relations of motion and heat. The steam-engine will do this adequately. Upon applying heat to the boiler of the engine, some of the heat eliminated from the burning coal is conveyed to the water in the boiler. As each in-

crement of heat is absorbed by this water, its temperature continues to rise higher, until it reaches that of  $212^{\circ}$  Fahr. The thermometer will now indicate that the water retains no more heat, while the heat from the burning coal continues to pour into it. This heat continues to be absorbed by the water, but it no longer manifests itself as heat, but as motion, and the engine begins to move. Thus you perceive that the development of motion depends upon an absorption of heat; and conversely you will find that an arrest of motion is manifested by a liberation of heat. If, for instance, we employ the engine in drilling a hole into a piece of iron, the motion of the engine is retarded by the friction of the drill, whereby a certain amount of heat is generated. Now this retardation of motion is supplemented by an amount of heat exactly equivalent to the diminution of motion of the engine. Here the heat generated in the boiler, takes in the engine the form of motion, and at the drill it is again converted into its original heat. If a cannon-ball strikes a target, its suddenly-arrested motion is at once converted into heat, the amount of heat generated being a nice measurement of the velocity of the cannon-ball. Now this conversion of motion into heat admits of accurate measurement. Rigid experiment has demonstrated that a weight of 772 lbs. falling through one foot, or 1 lb. falling through 772 feet, will generate a temperature which will raise 1 lb. of water one degree; or that the amount of heat which will raise 1 lb. of water one degree of temperature, will exert a force adequate to raise one pound weight to a height of 772 feet. Here it is evident that heat and motion are interchangeable. If you perceive a man throw a weight through the air, you are cognizant of the fact that the motion did not originate in the stone thrown, but was impressed upon it by some external force. No person would attribute the force that actuates the weight to a stone-force, but to the action of the muscular force exerted in the man's arm.

We know that the momentum of the stone is precisely equivalent to the muscular force exerted in impelling it through the air. Now when this stone strikes some object,

we know that the force of its collision was as certainly delivered by the man, as if he had struck it with his fist. The only difference is that the force exerted by the man was transferred through the stone at a distance, instead of being delivered at once. This is likewise the case with a bow and arrow. The force exerted by the bow does not originate in that instrument, but is exerted by the man in drawing the bow and cord asunder, and the momentum of the arrow entirely depends upon the amount of force exerted in drawing the bow. In the case of a cross-bow, the cord is drawn over a trigger by muscular power, and by releasing this trigger the arrow is impelled with force through the air. In this case likewise, the force does not originate in the bow, but is only a transference of the force of the man's muscles to the bow in the act of separating the cord from it. If, instead of releasing the trigger, we allow it to remain in that condition for years, at the releasement of the cord, the original force exerted in separating the cord and bow will then be freed and will manifest itself. If, this bow had been drawn a century hence by one of you, and some person at that remote period were to release it, the force manifested would not be his force, but it would still be your force, and this force conveyed in the arrow, would by its arrestation be converted into heat, that amount of heat exactly representing the muscular force you exerted, and measuring the amount of tissue metamorphosed by this muscular act. If a weight were to fall from the top of Trinity steeple and strike the pavement beneath, the force with which it collided would exactly measure the force that would be required to raise it to the top of the steeple—that is, in separating the weight and the pavement a certain distance from each other—no matter how many years previous—the collision of the weight in falling to the earth again would represent the original force exerted in raising it. Thus, force may be rendered latent, either in a bow or a raised weight, for any length of time. This latent force is recognized as potential energy, while the active force exerted by the flying arrow, or falling weight, is dynamic energy. The actual muscular effort becomes the



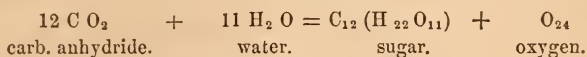
potential energy of the cross-bow, and reappears again in the dynamic energy of the arrow, and is finally, not annihilated, but is dissipated as heat. The mechanical energy, therefore, which is developed by the falling together, or flying together, of two bodies which have been separated, such as the cannon-ball and the earth, or the bow and its string, is only the manifestation of the potential energy stored up in them, and derived from the force exerted in separating them.

In that manifestation of force termed Electrolytic energy, we have an exact proof of the above force. By means of the galvanic energy, or force, we can tear asunder the atoms of oxygen and hydrogen, and collect each gas separately in appropriate vessels. In this instance let us take cognizance of the combustion of the metal zinc in the battery-cell. If you will place a piece of zinc wire in the flame of the blow-pipe, you will perceive that it will take fire, and burn with a vivid white flame, giving off light flocculi, which is the oxide of zinc. If this zinc be introduced in chlorine, the combustion, or chemical action, will be still more energetic, and evolving dense vapors of chloride of zinc. This same compound may also be formed by dissolving the zinc in hydrochloric acid, in which case the same amount of heat will be given off. This will be manifest by placing the hand upon the vessel containing the acid and zinc. In the case of the galvanic battery, if its poles are connected, then the heat evolved by the dissolution of the zinc in the acid surrounding it, is manifested by a rise in the temperature of the contents of the cell. If the wires which connect the two plates of the battery be joined to each other by a fine platinum wire, then the heat given to the fluid of the battery will manifest itself by rendering the wire red-hot, or even so hot as to fuse it. Here we have transferred the heat from the body of the battery to its poles, and manifesting it there by burning to vapor the unrefractory platinum wire. This wire may be miles in length, and still the heat of the battery will be transferred to the place where the platinum wire joins its poles. The amount of heat consumed by burning the platinum wire, is just that amount of heat lost in the battery,—in the same manner that the contracting muscle

transfers its force through the stone to the distance it is hurled. In the engine worked by the galvanic power, the burning zinc is employed to do work, just as the burning coal is used up in the steam-engine for the same purpose—except that in the latter case it is done more economically. But in the electrolysis of water, or any other substance, the force which the electromagnetic engine exerts in effecting mechanical work is converted into chemical work in pulling apart oxygen and hydrogen. In this case likewise, the heat which would be generated in the battery-cell, is lost there, for it is converted into chemical force, which is exerted in disrupting the atoms of oxygen and hydrogen. But this force exerted in pulling apart the oxygen and the hydrogen, when that is accomplished, is not annihilated, for it may be reproduced from its potential condition in these gases, as heat. This can be proven with the greatest ease, for if these two gases are passed through a proper orifice, and made to join, at the moment of their combination, they will give out such an enormous amount of heat as will burn the most refractory substances. This heat is the identical heat which was converted into the chemical force that disrupted the oxygen and hydrogen, and by this latter act was again converted into potential heat, which, by the combination of the oxygen and hydrogen, was manifested as living heat, or *vis viva*. Had these gases remained apart for centuries, this heat evolved from the burning of the zinc in the acid, would have remained in them in a dormant condition, ready at any moment to manifest itself as dynamic force upon the combination of these two gases. As the force exerted by the man's muscles would remain in a dormant state for centuries in the bent cross-bow, and would be a living force upon the releasement of the trigger of the bow, so the force derived from the burning of the zinc in the acid would remain in the gases in a potential state, until circumstances would call it into activity. Similarly, if we burn a piece of carbon in oxygen gas to carbonic anhydride, there is no creation of heat, but only a development of that heat which remained stored up in the charcoal and oxygen.

In the decomposition of carbonic anhydride and water

by the vegetable kingdom, the force employed emanates from the sun. In the solar rays vegetation obtains the force necessary to pull apart the oxygen from the hydrogen and carbon. This light and heat is rendered latent in the oxygen, and in the hydro-carbon of the vegetable tissue and secretion. This dormant light and heat may remain locked up in the tissue for centuries, and by the combustion of the vegetable matter may again become released as light and heat. This light and heat being absorbed by the foliage of the sugar cane, furnishes the force necessary to decompose the carbonic acid into oxygen and sugar in the manner indicated by this equation:—



This heat and light used in pulling apart this oxygen and carbon is not lost. The oxygen is eliminated into the atmosphere, while the carbon is retained in the vegetable juice. If you will add to some sugar a little chlorate of potassium, and touch a drop of sulphuric acid to it, there will be a splendid reaction, and the heat and light of the sun which was stored up in the oxygen and the sugar will again make their appearance by the combination of the two bodies to again form carbonic acid. Thus the light and heat of all combustion is only the light and heat of the sun stored away in the combustible—or absorbed by the living plant, and rendered latent in the tissue of that plant and the oxygen of the air. In the case of the zinc burnt in the battery, already alluded to, the heat given out was that stored up in the metal at the moment that it was deoxidized by the coal or charcoal in which the sun's light was intermediately retained.

We thus are taught this striking lesson, that vegetation is the reservoir in which the great force of the sun employed in pulling apart oxygen from carbon and hydrogen is stored away. It is thus a great magazine of these forces, closely packed away, and ready at any moment to subserve the uses of man. The light and heat from the sun are rendered dormant in the separated oxygen and hydrocarbon, precisely as the muscular force is rendered latent in the drawn cross-

bow ; and when the hydrogen and carbon of vegetables are combined with the evolved oxygen, as in burning wood, or in that of food in the animal frame, the heat liberated cannot be other than that from the sun, originally stored away by the vegetable.

As the vegetable is a machine for the storing away of the sun's force, so the animal frame is a machine for setting free that force. The plant, therefore, to take a figure of Prof. Odling's, may be regarded as the miser, or hoarder up ; the animal, on the other hand, as a spendthrift, or dissipator, of the sun's force ; but just as the miser is not a producer, and the spendthrift not a destroyer of food, so neither is the vegetable a producer, nor the animal a destroyer of force. Thus animal force may be attributed to chemical effects, for in the animal frame there is no such thing as the creation of force, and all reaction which is attributed to "vital force" really has no meaning. Force as developed in the animal frame, really is referable to the transference of metamorphic decomposition into *vis viva*, and no other explanation can possibly satisfy the modern physicist.

All force, like matter, is indestructible. It may be dissipated, and apparently annihilated, but it cannot be destroyed. All the force upon the earth, either potential or active, must have its origin in the sun, that great reservoir of the forces which actuate all the motion upon the planets.\*

If the great number and variety of animal and vegetables which exist around us, are formed out of carbonic acid, water and ammonia not by any vital force, but simply by the light and heat derived from the sun, then may we not make use of the same agent, which exists plentifully about us in its potential condition, and accomplish the same ends? So long as the imaginary and mysterious "vital force" had its hold upon our minds, we could not give our assent to this proposition, but now that we are cognizant of the true force which actuates matter, and determines its analysis and synthesis, we are prepared to give an affirmative answer.

\* This does not refer to the action of the tidal waves, which owe their force and motion to the attraction of the moon and sun.



Hundreds of complex organic compounds have been already formed by the chemist, starting from elementary matter itself—compounds which were formally thought could originate only from the action of vital force itself. And the day is not far distant when the most complex organic alkaloïds will be produced by the laboratory machinery, as they are now by the vegetable machinery.

What a profound lesson we are therefore taught in the fact, that nothing can be destroyed! Not even can matter be annihilated, and the forces which actuate it are equally the creatures of indestructibility. We learn that there is really no such thing upon the earth as death, but that which we take for such is only a shifting of forms. May we not, therefore, reason analogically, that, as death with matter and its forces is a myth, the soul which holds its revelries in the brain is equally a creature of immortality?

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### Medical Bigotry again Defeated; Latest Struggle of Medical Bigotry.

BY ALEXANDER WILDER, M. D.

THE champions of proscriptive medicine have found a representative in the Constitutional Convention at Albany, in the person of Mr. Colahan. This gentleman has for several years held the position of Justice of the Peace in Brooklyn; and is evidently ambitious of further honorable distinction, perhaps from a desire, like a late candidate for Mayor of New York and another individual, recently a prize-fighter and now owner of a faro establishment near the Fifth Avenue Hotel, to leave a reputation to his children. He has accordingly secured a place in the Constitutional Convention. His next most remarkable endeavor was analogous to the proposition of the donkey in the barn-yard: "Now, chickens, look out for your toes; this child is going to have a dance."

Accordingly on the 22d of August, 1867, he offered the following preamble and resolution:

"WHEREAS, A complete system of education and instruc-

tion is indispensably essential to all applicants for admission to practise medicine in this State; and

WHEREAS, At the present time the profession of medicine is suffering in repute, position and ability, owing to the loose manner in which licenses to practise are granted, and to the few qualifications that are considered pre-requisites to the granting of diplomas by the several institutions vested with such power; and

WHEREAS, Influence, political, and social, often affects the distribution of diplomas, to the ignoring and disappreciation of character and ability; and

WHEREAS, Under the present system, graduates, or more properly termed *vendees*, from such notably inefficient institutions as that of Castleton, Vermont (on the payment of \$50, and with hardly time enough spent for an apology for study), can practise medicine in our State without further qualifications; and for the reason of the great injuries resulting to the people at large from these causes, and of the increasing want of some protection and safeguard to the profession of medicine itself, and to the public;

*Resolved*, That two boards of examination be created, to consist each of five members, to be selected from the most reputable practitioners or professors in allopathy, and five from the practitioners or professors of homœopathy. The members of said boards to be nominated by the Governor and confirmed by the Senate. The Legislature to determine the compensation and term of office of such members, and also the times of each year when examination of candidates shall take place. That in the future no person be permitted to practise medicine in this State who shall not have passed a satisfactory examination before either of said boards so created."

The effort was apparently exhausting, and no more was heard of Mr. Colahan and the Medical Boards, till the 18th of November. He then called up his resolution and substituted for it the following section to be incorporated somewhere in the new Constitution:

SEC. —. At the first assembling of the Legislature of this

State after the adoption by the people of the amendments made by this Convention to the Constitution, the Governor, with the consent of the Senate, shall appoint two State medical boards. One of said boards shall be composed of three members of the medical profession, of the homœopathic school; the other shall be composed of five members of the medical profession of the allopathic or old school of medicine. No person shall hereafter be permitted to practise medicine in this State, unless after having passed a satisfactory examination in physic and surgery before either of the before-mentioned boards. This provision, however, is not to affect any practising physician now duly authorized to practise by any legally constituted college of this State. The respective pharmaceutical societies of this State, duly incorporated, according to law, shall have full power to license apothecaries and druggists, and no person shall hereafter dispense or compound drugs without a license from a pharmaceutical society, as before referred to. The Legislature shall regulate the terms of office and compensation of the members of the said medical boards, and direct a uniform system of examination to be made by pharmaceutical societies of all applicants for permission to dispense and compound drugs in this State, and have all further power to effect the carrying out of the intendment of this section. The Legislature shall make it a criminal offence, with any additional penalty, for any person to violate the provisions of this section.

The gentleman then delivered a prepared speech upon the subject of Medical Quackery, showing, as will be seen, that the "old-school men" are the guilty persons, and proposing as a remedy to exclude from the vocation of medicine all but the delinquents and the homœopathists. The Eclectics, whom he does not venture to assail, who have added more valuable contributions to pharmacological science than all other physicians together, he proposes to exclude altogether. He would act like the provident cattle-dealer, "kill an animal to save its life," or like Jack Cade would put educated men to death to protect the people. In support of his proposition, Mr. Colahan delivered the following essay, which we give, as containing matter of historical interest:

Since 1760, when the first law was passed purposing to regulate the practice of medicine in the city of New York, and up to the present day, legislation in our State on this subject has been ambiguous, indefinite, and insufficient. It was first enacted that none should practise medicine unless he passed an examination in physic and surgery, and was admitted by one of his majesty's council, the judges of the supreme court, the attorney-general, and the mayor of the city of New York, or by any three of them, taking to their assistance for such examination such person or persons as they, in their discretion, shall think fit. There was a penalty of £5, with costs, against any person practising without such testimonials. It will be remarked that under the provisions of this law, the applicant was admitted by a board that knew nothing of medicine, being composed of those from other stations in life, and the penalty against quacks, but £5. In 1792 a law was passed which required two years' study with some authorized physician. Under this act, the physician without the proper testimonials, or in other words, the quack, had no legal claim for compensation for his services. In 1797 the first act was passed affecting the State generally. This law required the filing of the certificate of admission; also, that the student served an apprenticeship of four years' study with one or more respectable physicians. The physician or physicians had to make oath to the fact. In 1806, the law was passed creating medical societies. This act, with some later amendments, is the basis of the present system of legislation on this subject. Under its provisions, county societies and the State medical association were created. All of these corporate bodies were invested with power to appoint censors to examine candidates and grant licenses. In 1813 all previous acts affecting the practice of medicine were consolidated. Five or more so-called medical men could and can now club together, organize a county society and establish any regulations almost they pleased. In a few cases such action has been beneficial, but in others it has been just the contrary. The system is too diffuse, and lacks the essential of permanent responsi-



bility. In 1853, a law was passed which gave power to the trustees of every college incorporated pursuant to the provisions of this law, to grant and confer the degree of doctor of medicine, upon the recommendation of the board of professors of such college, and of at least three curators of the medical profession appointed by such trustees. This is the law under which colleges grant medical diplomas at the present time. The qualifications called for are: being twenty-one years of age, of good moral character, having received an English education, having pursued the study of medicine and the sciences connected therewith for three years after the age of sixteen, and having received instruction from some physician and surgeon until the said student was qualified to enter a medical college, and having attended two complete courses of lectures delivered in some incorporated college. The only difference between the county society and the college is, the former has power only to grant a license to practise, the latter can confer the degree of M. D. Under this legislation, the power of conferring degrees and licensing is so general that too much competition exists, and there is too little concentration of responsibility. There is too large a market for medical aspirants, and of the many roads that are thus made to lead by the Temple of Esculapius, the candidate for medical indoctrination will most certainly select that which is easiest trodden and leads him soonest to the object of his desires. Our medical colleges to-day are in competition, not to graduate students of ability and worth, but to manufacture doctors of medicine by the quantity. The clause of the law calling for a good English education has gone into disuse and become obsolete. Instruction from a physician before entering a medical college is not required, and the colleges have nearly all relaxed so much of their rigidity in the three years' study that respectable professional men pronounce the whole system a farce.

Mr. Colahan then read the following extract from the *Medical Record* of June 17th, 1867:

“It is too well known that under the existing system of

admitting students to our medical colleges, the only desire seems to be to have a large class and swell the treasurer's account, every means is taken to attract young men to the study of medicine, without taking into account their fitness for the undertaking. The result of all this is, that the number of students is in the aggregate very large, and the amount of brains they represent very small. There have been no measures adopted heretofore to ascertain the fitness of any would-be student of medicine for his prospective tasks in a medical college, other than the ability to write his name legibly upon the matriculation book. By that act he becomes a matriculant of the college, becomes accountable for the fees of his tuition, and that is all that is required of him."

The following letter, showing how American diplomas, from "old-school" or "allopathic" institutions, are sold in England as well as in America, was read at the last annual meeting of the British Medical Association in the city of Dublin, by the President, Sir Dominic Carrigan :

"EWING PLACE, GLASGOW, July 24, 1867.

"DEAR SIR :—After having had the pleasure of your note of the sixth instant, I write to you in direct course. I stated in terms of my said letter that no University but that of the State of Pennsylvania gave degrees of medical doctor *in absentia*, the cost being £32 12s. in full of all demands, and delivered free. I will cheerfully assist you or your friend in obtaining the object in view. As I have four new degrees to get at Pennsylvania next week, please send me £32 12s. for the Pennsylvania degree, and I will send all the requisites to you in course. I am, my dear sir,

"Truly yours, ——— M. D."

Having thus demonstrated the shameful conduct of the institution in question, Mr. Colahan addressed the following apostrophe, which we copy as a specimen of parliamentary eloquence :

"What has been the result of all this dereliction on the part of our State? Ask our decimated population; consult

the childless, the widowed, and the orphan! Read the death-rate, and mark the tombstones! Should this not suffice, attend our criminal courts, or sit upon a coroner's jury and contemplate the victim of another Dr. Septimus Hunter; the body, while quiet in the sleep of death, still bearing evidences of recent torture and agony; those features contorted in their contest with pain; the blood-stained floor, the surrounding terror-stricken and inconsolable friends; the victor standing with the spoils of his ignorance in his paralyzed and cruel grip, stricken dumb with the realization of his bloody achievement and the consequences of his brutal and fiendish deed. Every day we read of fresh victims to the holocaust of medical quackery."

If Mr. Colahan had contented himself with attacking the ignorance and imposture of the school of Medicine and the medical colleges which he had proved, there would be little occasion for criticism. The graduating of untaught young men every year from the institutions of the Old School, men having neither genius, information, nor skill, cannot be too severely censured. It is a notorious fact, that the Transactions of the Medical Society of the State of New York, annually published by the Legislature, contain papers, the writers of which do not seem to be able to speak or write the English language correctly.

But Mr. Colahan was not content in his speech to keep within the range of facts. His strategy seems to have been copied from that of Donnybrook Fair—where he sees a head he hits it, without much regard to circumstances, as may be seen by the assault which he makes, without warrant or justice, upon Samuel Thomson and Lobelia:

"The Thomsonian remedy or practice of administering lobelia, was the result of State neglect. This poison hurried many to an early grave. Thomson went so far as to confer diplomas, for the sum of twenty dollars, authorizing others to practise his system. He dosed a patient to death in Massachusetts, but the court acquitted him, giving him credit for an honest intention and the expectation of a cure."

Having given the language of the statesman-zoosperm,

we see no occasion to refute it. The facts are too well known. The asinine gravity with which he utters it is so ludicrous, that we only see ears where he would fain make us believe that there were brains.

The remedy which he proposes, is two State Boards for the old school and the Homœopathists, excluding the Eclectics and others, whom he has not tried to show any thing against, from being able to practise medicine at all. This policy would be worthy of a Chinese mandarin, and would keep the profession stationary, if it ever should be enforced.

Strange as it may seem, although Mr. Colahan has indicted and convicted the old school of ignorance and unscrupulous quackery, he retains his preference for its practitioners. Why he admits Homœopathy to favor is not clear. Why does he imitate the chief priests of Judea when on a certain occasion they agreed to ask Pilate to release to them Bar-Abbas and to destroy Jesus? "Now Bar-Abbas was a robber."

Is there a conspiracy between the Homœopathists and their Allopathic Adversaries? When were Pilate and Herod made friends? "for they have been at variance with one another." Who is to be mocked, scourged and crucified?

But we are happy to be able to assure the Brooklyn magistrate, that in this country, with its free institutions, medicine, like theology and political theories, must stand on its own laws, and not depend upon factitious or governmental interference for its support. We have no established church, and will tolerate no authorized school of medicine. There is no standard of orthodoxy; a man may worship God or practise medicine according to the dictates of his own conscience. We have no proper ecclesiastical authority competent to prescribe faith for us, and will not have a medical tribunal to determine what medical treatment we must give or undergo. The right of private judgment is the prerogative of Americans, and we are awed and subjected by no *ipse dixit*. The State of New York a quarter century ago threw down every barrier which medical bigotry had constructed, and every person proving to his patrons that he possesses medical skill is at liberty for its exercise.



The amendment of Mr. Colahan, it should be added by way of postscript, has met with its proper fate. On Tuesday, the 10th of December, ex-Lieutenant-Governor Alvord, from the Committee of Revision, offered a resolution discharging that Committee from the further consideration of Mr. Colahan's section. The resolution was unanimously adopted.

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### Surgical Notes.

BY PROF. ROBERT S. NEWTON, M. D.,

Prof. of Surgery in the Eclectic Medical College of New York.

#### FISTULA IN ANO.

*Reasons why the Knife will not cure it, and why Bad consequences follow this Treatment—True method of Cure of Hemorrhoids.*

FISTULA IN ANO is situated in the neighborhood of the anus, having a long canal or duct, from which is discharged a continual amount of pus; it commences with swelling, and is accompanied with severe pain, gradually proceeding to suppuration. In many cases, the patient is not aware that there is any disease existing until the canal is formed, and pus discharged.

As the terminations of the canals or sinuses vary in different persons, three divisions of the disease are recognized by surgeons. 1. When the pipe or canal does not extend into the rectum, but terminates in an external orifice, it is called *blind external fistula*, or *external incomplete fistula*. 2. When the pipe terminates internally in the rectum, having no external orifice, it is called *blind internal fistula*, or *internal incomplete fistula*. 3. When the canal terminates both externally and internally, being connected with both the cutaneous surface and the rectum, it is called *complete fistula*.

Among the causes of this disease, the most common is habitual constipation; in the major portion of cases which

have presented themselves for treatment, I have been able to trace a connection between this disease as the effect, and constipation as the cause, accompanied with torpor of the liver, and resulting either in hemorrhoidal tumors, or a debilitated condition of the vessels of the lower bowel, either of which may occasion fistulous ulceration, if permitted to continue without proper attention.

The peculiarity of a fistulous sinus is, that its walls, throughout its whole extent, present a callosity or induration, which is extremely sensitive to the touch, and from which issues a constant secretion of thin, yellow pus. There may be one or several of these pipes, terminating at various points, and communicating with each other, but whether one or many, the same morbid condition will be found to exist in each.

In the treatment of fistula, two modes have been adopted—one by an operation with the knife, the other without. The knife almost invariably fails in performing a permanent cure, but often occasions worse results than would have ensued from allowing the disease to continue its course. And many of the advocates of the knife have no confidence in it.

The operation by the knife is performed as follows: A gun-shot probe is passed into the rectum to the point opposite the internal orifice of the pipe; a probe-pointed bistoury is passed through the ulcer, until the end comes in contact with the probe. Then, with a finger passed within the rectum to govern the probe and bistoury, the latter is drawn down, cutting, as it advances, the intestine and sphincter muscle.

This treatment rarely produces a cure, but often leaves the patient in a worse condition than before the operation. Why cannot a cure be effected by the knife? As stated above, the fistulous pipe, throughout its whole length, is a hard, callous wall, morbidly tender to the slightest touch, which produces and maintains an inactive condition, not only interfering with a salutary healing process, but likewise tending to an extension and branching of the canal.

The object of those surgeons who cut for this disease is

to excite adhesive inflammation, which they consider all-sufficient to remove the induration, heal the ulcer, and restore the parts to healthy action. But when we reflect on the character of the disease, and the non-success of such treatment, we can see at once the cause of their failure, as well as the true indications of cure. Unless the operation by the knife can convert the indurated ulcer into a simple or healthy ulcer, failure must inevitably follow; that it does not produce this result we have ample evidence. A temporary inflammation ensues, which produces a slight influence upon the condition of the part, yet not sufficient to remove the callosity, or induce any normal change, and, as it subsides, leaves the patient in a more distressing condition than before. The sphincter muscle, which controls the movements and functions of the anus, having been divided by the operation, loses its contractile influence over that orifice, and the patient is rendered unable to retain the contents of his bowels; this condition renders life anything but desirable; should there occur an adhesion of the separated portions of the muscle, it never recovers its original power of contraction, but remains in a weakened condition, and an impediment to the perfect enjoyment of life.

The true principle of treatment for an effectual and permanent cure of fistula in ano is the application of such means as will remove the callous walls, and convert the irritable, unhealthy, indurated ulcer, into a simple or healthy one; then the pipe closes, and a cure is established. Experience has taught us that, from the obstinate character of the fistulous callosity, some time is required for its successful treatment, and where it is very irritable, some degree of pain will accompany the treatment. True, the operation with the knife has the advantage of but little pain, and dispatch in treatment, but the patient runs the risk of the above-named difficulties and inconveniences; while on the other hand, the advantage lies in the *certainty* and *permanency of cure*, and the avoidance of loathsome mutilations.

We do not use the knife, but rely only upon the use of such medication as will decompose the pipes, after which

there is no difficulty in healing it. We use the ligature, pressure, or medicines such as will decompose the hardened pipes. For a full description of our method of treatment, see our edition of Syme's Surgery.

HEMORRHOIDS.--This disease is divided into two species—blind internal piles, and bleeding or external piles. Those who are seriously afflicted suffer beyond description. The disease increases until the tumors begin to bleed. This hemorrhage may be slight or it may be profuse; some lose much blood after each stool, others bleed only occasionally.

This is generally brought on by constipation of the bowels, and is associated with persons of sedentary habits; scarcely ever have we noticed this disease on a person of active habits. Local agents to disorganize, and ligatures to remove the mass, will cure in all cases, without impairing the function of the sphincter muscles.

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### Cerebro-Spinal Meningitis.

BY J. M. COMINS, M. D.

“SPOTTED FEVER.” The first appearance of this very formidable disease, upon this continent, was in the town of Medfield, Mass., in the year 1806. By the direction of the Mass. Medical Society, a report upon that epidemic was in the year 1810, drawn up by a Committee, from which I extract for this paper:

“Between the eighth and thirteenth of March, in 1806, nine cases occurred in that town, all of them fatal. It then appeared in other parts of the State, and also of New England, subsequently extending itself to New York, Pennsylvania, Canada, Northern Virginia, and finally to the southern extremity of the United States.”

The Committee's report, presented June 21st, 1810, traces its course for the preceding winter and spring. The summer and autumn of the year before, had been unusually



healthy throughout the country, the seasons mild and beautiful, with very little rain. In 1809, it appeared sporadically in the town of Dana.

About the third of March, 1809, it visited fifteen towns, all in the County of Worcester.

It appeared in Cambridgeport, and the suburbs of Boston, on the 24th of March. In May of the same year, it appeared in Springfield, Hampden County, and had not fully subsided on the second week in June.

Most of the country indicated above is inland, elevated and undulating, soil dry gravelly loam, overlying granite formation, its forest growths, oak, walnut, and chestnut.

Geologically, about half the territory above named was once the bed of an inland salt lake or sea, since which the upheavals have formed mountainous ridges in the Northwestern half. It has many of the most beautiful meandering streams, and ponds of fresh water, upon this wide hemisphere. In Cambridgeport the disease was mostly confined to land which had been recently salt meadow and intersected by foul ditches. In Boston, this disease, as also "typhus," had occurred mostly in those parts of the town near the flats and water.

On the whole, the disease was found to have occurred epidemically in seasons differing meteorologically, and in places very various in their soil and character, no altitude being exempt, the bleak ridge, the gently rolling meadow, and the flowery dales, all alike being subject to its ravages. The invasion of the disease, says the Committee, was generally sudden and violent. In its course all the functions of the body were more or less interrupted, and often some of them entirely suspended.

The subject of it was seized in the midst of his usual labor or occupation, and oftentimes struck down suddenly, almost as by a stroke by lightning. Its inception was various, as also its sequel. Most of the fatal cases terminated in from six to forty-eight hours. With regard to the fatality of the malady, the Committee were unable to make any accurate statements, but say that on the first appearance

of the disease in Worcester County, a very large proportion of the cases died, at an early period of its affection.

After it had extended more widely, its violence seemed to diminish, and the proportion of deaths became much less. Statements differ as to the influence of age and sex, in different localities, and summing up all the reports within my reach, I come to the conclusion, it had no choice of sex, but preyed upon the young, mostly between the ages of one, and twenty-two, averaging about the age of eight or nine. It is not a military disease as some have claimed, although it has existed in our camps, here and there slightly. It is not a disease of large cities comparatively, according to statistics thus far. In France, it is stated that neither *climate* or *season* has been found to exert any influence upon the disease. In Ireland and in this country by far the greater number of cases hitherto reported, have been in the first five months of the year, and by far the largest number from the 15th of February to the 1st of April.

The treatment of the disease in the early history of it, was bloodletting, Calomel and Opium and the principal antiphlogistic remedies. Autopsies in this epidemic were not numerous, many of the physicians having the largest practice in it, obtained none.

The disease under consideration, prevailed in isolated localities, in many of the Middle, Western, and Southwestern States, from 1815 to about 1840, since which time it has appeared epidemically, in more than half of the States of the Union at various times.

In 1842 there was an epidemic of "meningitis," in Rutherford County, Tenn. Dr. Gilbert stated at a meeting of the College of Physicians of Philadelphia, April 6th, 1864, that he saw at Gettysburg in 1844, two cases, in both of which there was sudden attack by chill, great prostration of the vital powers, with "cerebro spinal complications," stupor, coma, and death.

One case died in twelve, the other in sixty-four hours.

Another case reported by the same in Philadelphia, in 1864, in an adult male, who died in ten hours after the

attack. Of the autopsy he very briefly says, that the most remarkable condition discovered, was a spotted appearance of all the serous surfaces of the chest and abdomen; no statement made whether the brain was examined.

In the autumn and following winter of 1845, it prevailed at Mount Vernon, and vicinity, in Southern Illinois. In Vicksburg, Miss., it prevailed from January to March in 1847. In February of the same year, it was in Bentonville and Union City, Arkansas. In January and February in 1847, and in February of 1850 it prevailed in New Orleans and vicinity. It cut down the inhabitants of Montgomery, Alabama, in the winter and spring of 1848, at which place the post-mortem appearance given was very similar to the report of the Committee of 1810, with the spinal meninges highly congested. Dr. Ames reports there were in Montgomery, 250 cases out of a population of 4,000, but fails to tell the per cent. of mortality. The year in which I have found the largest number of accounts of this epidemic, is 1864. During our great national struggle, the South has been a sealed book to us, for statistics of this kind, hence we can say nothing of it there since 1860.—This scourge appeared in Palmer, Mass., February 9th, 1865, where I was then residing. The first victim was a boy eight years of age, who came home from school the day before, complaining of headache, ate his usual supper and retired to bed, no more being thought of his illness until about five o'clock in the morning, when he was attacked by vomiting, still complaining of severe pain in the back part of the head. Dr. H—— was sent for, found pulse 120 and feeble, tongue slightly coated, edges and tip red, surface of the body and extremities cool; gave him Dovers powders, calomel, &c., applied sinapisms to the feet, and left; was called again about seven, boy growing worse; did not make much change in treatment—patient became delirious and died before nine, in less than four hours from the attack.

Second.—E. Sparrow, dry goods clerk, aged 21, opened and swept his store in the morning, went to his breakfast, complained of feeling not quite well, lay down, soon became

delirious, hands and feet cold, tongue slightly red, pulse 130 small, and whole system became rigid and stiff, head drawn back, respiration stertorous, coma, and death in eight hours from first attack. Petechiae covered the whole body after death, in dark purple spots about one half-inch in diameter.

Third.—T. Blanchard, taken with severe chills about four o'clock, great pain in back, partial paralysis of all of the limbs, delirious, pulse 130, tongue slightly coated, severe pain in back of the head, episthotonos quite severe, delirium, coma, death, within six hours from first attack. Hot fomentations were thoroughly applied, strong stimulants, and the galvanic battery. The fourth was taken with nearly the same symptoms of the three first-named, and died in about eight hours from the first attack. On the 11th I was called to see a child three years of age, about two o'clock a.m.; found it in convulsions, very much resembling those arising from worms, and other similar irritating causes frequently found in young children, pulse very small, 150, surface cool, with very little capillary circulation, jaws firmly set, could not see the tongue, eyes partly closed and rolled up in the head, neck stiff and head drawn back. I first wrapped the entire system in hot wet cloths, packing hot bricks at the feet and sides, gave enema of strong decoction *Lobelia Inflata*, compelling its retention, soon releasing the rigidity of the muscles, after which I gave Tinc. *Gelseminum* sufficient to control the system, followed by castor oil, and oil terebinth, which moved the bowels in about two hours, and on returning at nine a.m. found my little patient at play with her toys upon the bed. About three o'clock, p.m., was taken similarly to her first attack, continued so until death closed the scene on the third day.

Another, infant at the breast, about thirteen months old, of the same family as the two last, was taken vomiting, followed by similar spasms, pulse 150 with episthotonos, eyes set, surface warm, for which I prescribed Tinc. *Gelseminum* to control the system, which was followed by some relief for three days. Then the mother (Irish) persistently refusing to give any more medicine, sent for the Priest, who perform-



ed the usual rites belonging to their creed, expecting as did all others it could not live but a very short time. After the three first days, it nursed daily, but almost immediately throwing up most of its milk ; continued five weeks in about the same condition ; and died in convulsions. During its sickness five physicians called to prescribe for it.

Was called, in the night of the 15th, and found a boy ten years of age, rigid, cold, episthotonos very severe, pulse 40, which was the only case where the pulse was less than normal in the twenty cases in town ; his breathing was stertorous, petechiæ upon the body, distinct, but not very bright. Thinking it a hopeless case, that could not survive an hour, I made no prescription save to apply warmth. They, the Irish, for he was an Irish boy, gave him enemas of soft soap, and drenched him with red cows' urine, in which they seemed to have great faith ; none but that from a *red* cow was good for any thing.

He had no control over himself for a week, the natural effete waste constantly passing away. In about eight days he aroused from the comatose condition, and gradually recovered, save he is totally deaf. Another still more interesting case, was that of a little girl eight years of age, taken with symptoms quite similar to those of typhoid fever, together with the whole spinal column stiff and immovable, with severe pain in the head. After a few days the whole system became very sore, and it was inflicting extreme torture to move a single joint, even a toe or finger. Walking across the floor gave her exceedingly great pain. The head was drawn back and turned facing the left, and remained so while she lived, pulse continuing eighty-five to ninety, tongue quite red, with dark sordes upon the lips and teeth. She had submaxillary abscesses upon both sides, also an abscess in one ear, all of which discharged freely. She lived in this condition eleven weeks, when death relieved her. I saw most of the cases there, watched them daily ; but as the others were all quite similar, I will detail no farther upon this point. We could get no autopsy of a single case, but I have made some efforts to gain that evidence from others, who

have been more fortunate than myself in that particular. "The anatomical lesions," says Villeix, "in this grave malady, have, as would be expected, been studied with the greatest care."

The principal lesions have been found in the pia mater of the brain and spinal cord, differing in different subjects. In some there were found in the cerebro-spinal membranes, nothing but injection to a greater or less degree; a limpid serosity, or, on the other hand, marked dryness, without injection; but all these cases were from among those who had been stricken down suddenly, and in which consequently the pathological alterations had not had time to develop. In other cases there were found in the meshes of the pia mater, either a liquid which was yellowish and turbid, or thick perfectly well formed pus. In the spinal canal, the lesions are similar, and occupy likewise the pia mater. In the brain and spinal marrow, injections and partial softenings may be found. All points of the cerebellum and cerebrum are liable to these alterations. The alimentary canal also has presented a few traces of slight inflammation in quite a number of cases. One case, reported in the Boston Medical and Surgical Journal, says: "Blood fluid in the mesenteric veins. The intestines were everywhere dotted with minute extravasation of blood, both in their outer and inner surface. Similar ecchymoses were found on the bladder, in the kidneys and on the diaphragm. The mesenteric glands enlarged, the solitary glands largely developed; the lungs contained large quantities of fluid blood, in the right heart, the blood was also thin looking like claret wine. There was no coagula in the right side." Another, reported to the same Journal: "Upon opening the cranium, under the cerebral arachnoid, over the upper surface of both hemispheres, was seen a whitish deposit like purulent matter; on attempting to remove the arachnoid, the pia mater came with it, the two adhering so closely as not to admit of separation; and a purulent deposit was between them. On both sides of the cerebellum was a considerable deposit of pus, and lymph also. The spinal marrow, in dorsal vertebra, being exposed, considerable deposit of pus

and lymph was found, without softening of the marrow." The lesions found in most of the cases reported being quite similar, varying with the multitude of complications.

*Treatment.*—Almost every *kind* of treatment has been resorted to, all the "pathys" and "isms" have been brought forward to battle with this deadly foe, but all about alike, thus far, have failed. One claims this, another that, as a *potent remedy*, and claims for its use success; but the mortuary reports that have come under my observation show a very large per cent. of loss, about equal with all.

Dr. J. Holland, of Westfield, Mass., says: The application of a large number of leeches to the occiput and neck, keeping up the bleeding for a length of time, gave relief for a day or two, where they were tried. Cupping did not answer as well as leeching. *Strong* mustard poultices to the whole length of the spine gave relief to pain. Calomel was given until the gums were touched, without permanent benefit. Opium in various forms, hyosciamus and belladonna were given with good effect in allaying pain, but never in large doses. Fluid extract of veratrum viride, in doses of from three to five drops, afforded marked relief, abating the throbbing pain in every case in which it was given. It was given every two or three hours, as the case seemed to demand. As an arterial sedative, it far excelled every other remedy I used in treatment of this disease. Dr. Goodell, of Greenwich, says: I gave tonics, stimulants, and nourishment "of the strongest kind," also used powerful counter-irritants to the spine. Blisters, iodine, chloroform, ammonia, cupping, &c., &c. To one boy 13 years old I gave one pint of whiskey in two hours, all with no decidedly beneficial effect. Dr. W. G. Breck, of Springfield, found oil of terebinthine and tincture veratrum viride of great service. Dr. M. Calkins, of Springfield, used cold applications to the back of the head and spine, with hot pediluvia and copious draughts of tepid water. Dr. C. Jordan, of South Reading, says, two cases were treated by depletion, with counter-irritation to the spinal column and extremities. Both fatal. I am fully satisfied that the best treatment in this disease is,

first a brisk cathartic, or stimulating enema, warm bath or hot wet blankets, kept hot by external applications of bricks or stones, with *veratrum viride* sufficient to control the accelerated circulation, together with or alternate with tincture *gelsemium* to the fullest extent the patient can bear safely. The hot bath is a powerful agent to prevent congestion and keep up circulation; will almost invariably relieve petechia, or congestion in the capillary vessels. I believe nourishment of any kind in shape of food to be *extremely* detrimental, only adding to the irritability of the case. If the case is greatly debilitated use strong stimulants, both by stomach and enema: chloroform one dram, simple syrup two drams, mix, is one of the quickest diffusible stimulants that can be taken into the stomach, and is particularly called for in a case of this kind.

In a report made to the Boston Medical Society in 1866, of which L. Parks was chairman, it is stated in 278 cases 170 were fatal, 108 recovered. The percentage of fatal cases a little more than 61. The percentage of recovery a little less than thirty-nine.

The number of cases in Palmer was 20. Fatal 12. Recovered eight. Percentage of recovery  $33\frac{1}{3}$ , fatal  $66\frac{2}{3}$ .

I have found, on careful examination of about one hundred cases, both by personal observation and the assistance of others, that about ninety-five per cent. of the cases in New England were of strumous diathesis.

The father of the first case taken in Palmer was at the time laboring under, and has since died, of phthisis pulmonalis. The father and one sister, of the second, died several years since of the same disease. The father of the third also. Several of the family on the maternal side of the house, of the fourth, and so on. I might enumerate ad infinitum. Only one case, E. Sparrow, spoken of above, who had black eyes and hair; and one case, T. Blanchard, who was at all lymphatic. The individuals attacked were of fair blond complexion, light hair and eyes, hair fine and soft, soft muscular fibre and rather small development, very good development of the intellectual faculties phrenologically speaking,



small cerebellum, and rather small chest. Those cases were so well marked that I pointed out several individuals, as being organically constituted as fit subjects for it, several of whom were thereafter stricken down by it. This class of individuals, seem to be the predisposed, fitted organically to imbibe the poison, or, with not vital force or tenacity of life enough to resist it, to baffle with the conflicting elements with which we are surrounded, and keep an equilibrium in the great laboratory of life.

There is much speculation as to the causes of this disease, many calling it "typhoid" and, "malignant typhoid," and attributing it to malarial influences. This I am fully satisfied cannot be, as some of its haunts where it has been the most fatal, are far remote from any malaria at any season of the year, and then again, it mostly prevails when malaria is locked to the bosom of mother earth, by the frosts of winter. I consider it a specific disease of great malignancy, in a majority of cases differing in kind from almost all others, originating from a concurrence of causes in the atmosphere; those which unite certain elements, forming certain other chemical elements, the cohesion of which, when inhaled, and absorbed is very potent—so much so, that when the *predisposed* absorb a sufficient amount of it, he is stricken down, as by electricity. I doubt not but the primary impression of this poison is made upon the vital constituents of the blood, in de-vitalizing the molecules of which that fluid is composed, and by this waste of vitality in the blood every particle of which our bodies are composed, begins to flag and yield, for want of its natural stimuli; which is found only in that fluid, as possessing the properties of stimulation, recuperation, and repair.

This waste of vitality soon develops new phenomena, the fluids of the body soon run into putrescency; the blood becomes dark, and hence petechia from extravasation of blood into the *cutis vera*, hence, venal congestion.

With these the brain and nervous system seem to suffer, being as the name implies, an inflammation on the membranes of the brain and spinal cord, not by any direct influence of

the poison made upon the nervous centres through the vascular current, but the nerves are robbed of their nervous fluid, and are no longer capable of receiving impressions made upon them; and the mind fails to take cognizance of things presented to it, and anemia of the brain is the pathological condition. It has not been considered a contagious disease, by any writers upon the subject that I have seen.

No. 102 EAST 26TH STREET, NEW YORK.

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### PERISCOPE.

*Considerations suggested by the Study of One Hundred Cases of Stone in the Bladder of the Adult, recently Operated on. By Sir Henry Thompson.*

The cases were not selected, but were simply those which had occurred in the author's practice during the last three years and a half. Not a single case applying was refused operation; that, in the worst cases, being the only chance of life. They were all adults, the children's cases being omitted. The following facts were noted. Of the 100 cases, 84, or about four-fifths of the total number, were operated on by lithotrity and 16 by lithotomy. The mean age of the 84 lithotrity cases was  $62\frac{1}{2}$  years; among them were no less than 21 cases of 70 years and upwards, 2 being upwards of 80 years of age. Among these 84 cases there were only 4 fatal cases. The lithotomy cases, 16 in number, had a mean age of  $63\frac{1}{2}$  years. The youngest was 42, the oldest was 80 years; 6 were above 70 years of age, including 1 each of 77, 78, and 80 years; 6 cases were fatal. Of the entire 100 cases of operation upon unselected patients, having a mean age of  $62\frac{2}{3}$  years, and submitted to either lithotrity or lithotomy, there were 90 recoveries and 10 deaths. These cases must be considered as less promising cases than the product of any given district. Four propositions were deduced from the facts stated. 1. Lithotrity is the most successful operation for at least four-fifths of all cases of stone in the adult which come under the surgeon's notice at the present time, a statement which is more definitely expressed in the fact that the rate of mortality for such cases in this series is barely five per cent. 2. Lithotrity can be thus successful only when it is performed on a definite system in accordance with certain practical rules which experience has determined, and which

can be laid down. 3. Cases of calculus, in which one of the two operations, lithority or lithotomy, ought not to be performed, are excessively rare. 4. By exercising an ordinary degree of vigilance for adult patients suffering from symptoms of urinary disorder, every case of calculus may be discovered in an early stage, may be successfully treated by lithotritry, and, consequently, the operation of cutting for stone may be rendered obsolete, or applicable only for some very exceptional example which has been developed as the result of extreme neglect or ignorance.—*Brit. Med. Jour.*

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*Surgeon-General's Report to the present Session of Congress.*

We make the following extracts from this valuable Report :

From the report it will be found that, since October 20, 1866, three surgeons, six assistant-surgeons and seven acting assistant-surgeons have died. Of these, five died of yellow fever and three of Asiatic cholera.

In the month of June of the present year Asiatic cholera appeared among the troops at various points in the West and Northwest, and for a time fears of a wide-spread epidemic were entertained. Recent reports from the infected command show that the disease has subsided, or has been eradicated by vigorous hygienic measures.

The valuable medical and mortuary records of this department were transferred to the fireproof building on Tenth street in December, 1866. During the year official evidence has been furnished from these records of the death or discharge for disability in 55,500 cases.

Four thousand and eight monthly reports of sick and wounded, 315 special reports, 598 folio records of hospital records, 2,365 burial records and 1,262 hospital muster and pay rolls have been received during the year. The alphabetical registers of the dead, as far as completed, contain the names of 244,747 white soldiers, 29,795 colored soldiers and 30,204 rebel soldiers.

In the division of surgical records the histories of 45,551 wounded men have been traced out and entered upon the permanent registers. The number thus entered now amounts to 207,941. The histories of the graver injuries, and of those cases in which important operations were performed, are very fully recorded.

Fifty-nine thousand five hundred and nineteen cases of wounds and operations occurring previous to the present

system of registration and return of injuries have been compiled, and will be entered upon the permanent registers.

The average annual strength of white troops is represented by the reports at 41,104. The number taken on sick report for diseases, wounds and injuries, 122,181, an average of nearly three entries on sick report for each man. The mortality during the year was 1,527. The average annual strength of the colored troops, as shown by the reports, is 6,561. The number taken on sick report for disease, wounds and injuries was 19,694, an average of three entries on sick report for each man. The total number of white and colored soldiers discharged during the year on surgeon's certificate of disability is 618.

The Army Medical Museum was removed to the building on Tenth street in April last. Eight thousand five hundred and forty-two specimens have been catalogued, and a small appropriation will be required to continue and preserve this invaluable collection.

In September, 1867, a medical board was convened in New York city for the examination of candidates for the position of assistant surgeons in the army and the promotion of assistant-surgeons, which resulted in the appointment of forty-seven as assistant-surgeons in the army, and the promotion of fourteen assistant-surgeons.

|                                                                                                                                                                |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Of artificial legs, arms, &c., there were issued during the past year, to wounded soldiers, 573 pieces.                                                        |                    |
| The funds of the Medical and Hospital Department for the fiscal year ending June 30, 1867, consisted of a balance remaining in the Treasury June 30, 1866..... |                    |
|                                                                                                                                                                | \$2,546,457        |
| Amount issued by the Treasury in June, 1866, to disbursing officers, but which had not come to hand July 1, 1866.....                                          | 37,000             |
| Balance of appropriation for artificial limbs under act of July 16, 1862.....                                                                                  | 540                |
| Appropriation for the year ending June 30, 1867, by act of July 13, 1866.....                                                                                  | 500,000            |
| Amount derived from the sale of old and surplus hospital property.....                                                                                         | 293,002            |
| From board of Officers in hospitals.....                                                                                                                       | 327                |
| For care of citizen patients in United States Hospital at Louisville, Ky.....                                                                                  | 1,270              |
| Refunded from appropriation for prisoners of war.                                                                                                              | 1,420              |
| Amount in the hands of disbursing officers, including suspended vouchers.....                                                                                  | 446,139            |
| Total.....                                                                                                                                                     | <u>\$3,826,159</u> |



|                                                                                                         |             |
|---------------------------------------------------------------------------------------------------------|-------------|
| Deduct balance in favor of various disbursing officers.....                                             | \$751,555   |
| Balance.....                                                                                            | \$3,074,603 |
| There was disbursed for purchase of medical and hospital supplies.....                                  | \$176,556   |
| For pay of private physicians.....                                                                      | 225,531     |
| For pay of hospital employes.....                                                                       | 40,894      |
| For expenses of purveying depots.....                                                                   | 102,250     |
| For artificial limbs for soldiers and seamen.....                                                       | 35,206      |
| For care of sick soldiers in private hospitals.....                                                     | 3,229       |
| For miscellaneous expenses of the medical department.....                                               | 48,835      |
| For internal revenue tax.....                                                                           | 2,133       |
| Refundment of amounts erroneously deposited in the previous year.....                                   | 125         |
| Transferred to the pay department for the payment of contract surgeons.....                             | 200,000     |
| Balance of appropriation for artificial limbs turned into the surplus fund.....                         | 190         |
| Balance in the Treasury June 30, 1867.....                                                              | 2,909,615   |
| Amount of previous disallowances now admitted proper vouchers being furnished.....                      | 33,789      |
| In the hands of disbursing officers.....                                                                | 72,526      |
| Amount chargeable to disbursing officers on suspended vouchers awaiting explanation and correction..... | 65,769      |
| Total.....                                                                                              | \$3,916,653 |
| Deduct balances due disbursing officers.....                                                            | 842,050     |
| Total.....                                                                                              | \$3,074,603 |

#### *Infantile Convulsions.*

DR. HAMMOND makes the following instructive remarks :  
 Setting aside for the present those cases of convulsions which result from organic affections of the brain, such as tubercular meningitis, tumors, or other severe diseases, and in which they are due not so much to irritation as to structural changes, we find that the most common causes of infantile convulsions are mental excitement or depression, physical shocks to the brain and nervous system, extreme

cold and heat, and local and general irritations of various kinds.

The first of these, mental excitement or depression is quite a common cause in children who have passed their second or third year, and who have consequently become more capable of intense and varied emotions. I have several times seen very severe convulsions induced by fits of anger, and again apparently be due to the sorrow experienced from parental rebuke. Doubtless such emotional disturbance acts upon the cerebro-spinal system through the medium of the sympathetic nerve, and in some way or other deranges its normal action. The convulsions which result from mental agitation, though they may be severe, are scarcely ever repeated, the irritation generally working itself off in a single paroxysm.

Physical shock to the cerebro-spinal system is likewise a frequent cause of convulsions, especially in very young children. A child in running across the room falls and strikes its head against the floor. After the immediate pain has passed away, a state of relaxation and apparent fatigue ensues. There may be a little headache, the sleep is disturbed, the thumbs are firmly adducted; there are slight convulsive movements of single muscles or groups of muscles, and the child is irritable and fretful; suddenly the convulsive paroxysm occurs, and is usually repeated several times. In fact, no cause is so productive of a series of convulsive attacks as the one under notice, and they are usually longer in duration than those arising from other causes. Another feature is, that the movements are much more commonly unilateral. Only yesterday I saw in consultation, a little girl who had fallen down a grating in the pavement, and who had, in consequence, been attacked with convulsions. Fully an hour elapsed before they supervened, and then they were confined to the right side of the body. They were repeated many times, as the state of stupor lasted continuously for several hours. No signs of injury could be detected upon the head, and in fact it was very certain that the child had fallen upon its feet and buttocks. The shock to the brain was therefore transmitted through the vertebral column. By the following morning all evidences of disease had disappeared.

Persons cannot be too careful to avoid striking children on the head. I have twice known convulsions produced by not very severe blows on this part of the body, and in one of those they recurred, at intervals, till the child reached the age of puberty.

Extreme cold probably acts by causing hyperæmia of the

cerebral blood-vessels. An increased amount of blood in the brain always—unless the quantity be so greatly augmented as to produce stupor through increase of pressure—adds to the natural irritability or erethism of the cerebral and other cranial ganglia.

Intense heat acts differently when the irritation is external and general; acting upon the cutaneous nerves, and being reflected thence to the central system. The same is true, in a somewhat modified sense, of the convulsions which occur at the outset of fevers and the exanthematous diseases.

Local irritations, however, much more frequently give rise to convulsions than any other cause. Chief among them are those due to dentition, indigestion, and the presence of worms in the intestinal canal. Not unfrequently severe convulsive seizures result from the cutaneous irritation produced by blisters or burns. An instance, several years since, came under my care, in which the presence of a small piece of glass under the skin was the exciting cause of the affection; and I have knowledge of a case in which it was induced with a pin, which had been so placed in the diaper as to prick the skin.

Another case, which likewise belongs to the class of irritations, but which is not altogether, if at all, one of indigestion, is due to that modification which the mother's or nurse's milk may undergo as a consequence of emotional disturbance. Several cases of the kind have fallen under my observation, and a great many are on record. \* \* \* \*

The prognosis in infantile convulsions must be guarded, but, generally speaking, the simple, uncomplicated irritative convulsions are not dangerous. There is more to be feared from the tonic stage of the fit, than from the clonic, or the stupor that supervenes. The reason for this is very obvious. During its continuance, the respiratory process is arrested, and if it lasts as long as a minute and a half, as it occasionally does, death necessarily follows from asphyxia or syncope. What are called inward convulsions, and which consist almost entirely of tonic spasms of the diaphragm and other respiratory muscles, are much more liable to terminate unfavorably than those which are more prominently marked, and which are succeeded by clonic convulsions.

Relative to the treatment of infantile convulsions, I have a few points to mention, which, I think, are of importance. During the paroxysm, in ordinary cases, there is not much to do; generally, a great deal is done, and with more or less injury to the patient. The application of mustard plasters,

or hot water, and such like revulsives to the extremities and pit of the stomach, can do no good; on the contrary, they do much harm by causing irritation. Purgatives, emetics, etc., at this stage of the disease, are also inadmissible, and I have never seen any benefit derived from either warm or cold baths. The tendency of the convulsion is to exhaust itself, and this it usually does in a short time. Therefore, give nature a chance, and let the patient alone. Do not, during the seizure, be officiously treating the cause. When the equilibrium is restored is the time to remove this by an emetic, a cathartic, a vermifuge, an incision, or any other medicine or operation which will strike at the source of irritation. Should, however, the paroxysm continue longer than the ordinary period, or should the tonic stage be severe and prolonged, or should the fits recur frequently, and should the symptoms indicate hyperæmia of the brain, press your fingers gently on the carotid arteries, as advised by RILLIET and BARTHEZ, so as to obstruct the flow of blood to the cranium. This measure will generally be successful in breaking up the fit, and you can resort to it as often as may be necessary. You will thus have opportunity to employ more permanent means, and to remove the cause of irritation. You may also, very safely and certainly cut short or prevent a paroxysm by the use of chloroform inhalations, as recommended by TROUSSEAU. Take a linen handkerchief, pour a drachm of chloroform upon it, and hold it close to the mouth of the patient, in such a manner as not to obstruct the free entrance of atmospheric air to the lungs. Do this for a few seconds, and then remove it. Again apply the handkerchief, and continue this see-saw motion till an impression is produced, or till you have reason to believe that the remedy will not succeed. I have treated a number of cases by this means, and always with success in uncomplicated attacks.<sup>1</sup>

In the "inward fits," or in cases where the paroxysms recur rapidly and frequently, you will derive much benefit from the bromide of potassium, given in from three to five grain doses, repeated every hour or two. This medicine diminishes the amount of blood in the cerebral vessels, and is, therefore, not applicable to anæmic cases. It is also a very decided sedative to the nervous system. For these latter, stimulants, tonics, and a position of the body favoring the flow of blood to the brain, should be employed. In one very severe case, where there was very decided anæmia, I made use of hypodermic injections of morphia. The child was six years old, and I injected the twentieth of a grain of



morphia, at intervals of two hours, with very excellent results. The practice is one which should be followed cautiously, and not at all in very young children, or in slight cases.

The subsequent treatment is exceedingly simple. If you can discover the cause of irritation, remove it. Often you are justified in experimental attempts to find it by using emetics, vermifuges, purgatives, or other means which your observation and suspicions may justify you in employing. Hygienic measures should not be neglected. Fresh air, good diet, regular exercise, and the avoidance of undue mental or physical excitement, will materially aid in preventing returns of the attacks. You cannot be too assiduous in using these measures, and no drugs with which I am acquainted can take their place.—*New York Med. Gazette.*

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*Rigid Perineum.*—By G. Hurt, M. D., St. Louis.

The article on rigid perineum, in No. 14 of the *St. Louis Medical Reporter*, by Dr. Beatty, quoted from the proceedings of the Dublin Obstetrical Society, is interesting, both on account of the suggestions of the author, and the great practical importance of the subject of which it treats.

All admit that laceration of the perineum is a serious accident, and when threatened is calculated to fill the mind of the *accoucheur* with feelings of the most painful anxiety. I have never witnessed the accident, but have often experienced the anxiety which the anticipation of it awakens, in labors which have been protracted for many hours after the foetal head had emerged from the bony strait. I have often had occasion to reflect upon this subject, and though willing to admit that rigidity of the soft parts is usually the primary and efficient cause of the delay at this stage of labor, yet I doubt if it is always the cause of laceration when that accident occurs. For in several cases which have come under my observation, in which laceration of the perineum appeared imminent, the danger did not seem to be so much in consequence of the rigidity as of the relative position of the foetal head in soft parts. Owing, perhaps, to some peculiarity in the anatomy of the soft parts constituting the floor of the pelvis, or of the pelvis itself, or of the position of the foetus in utero at the time of parturition, the posterior wall of the vagina sustains the almost entire force of the uterine paroxysms, and is thus carried down in front of the foetal

head toward the perineum, and relaxing, permits the weight of the head to rest on the posterior margin of the perineum; while at the same time, the vulva, from want of antagonism, ascends towards the pubes, so as to place it entirely out of the line of the distending force; and while the sphincter ani muscles are being rapidly and freely relaxed and dilated, those of the vulva are but little disturbed. It is in these cases that laceration is most to be dreaded, from the fact that it commences at the anus and inflicts a dangerous and irreparable injury.

Now, in these cases, the *accoucheur* may render valuable assistance by passing two fingers of either hand, (as the position of the patient may require), into the bowel, and with their palmar surfaces supporting the posterior wall of the vagina, and by a gentle and steady upward pressure direct the foetal head towards the vulva; while, at the same time, the thumb is pressed against the perineum so as to check further distension, and at the same time to depress it so as to bring the vulva more fairly within the axis of the distending force. This has been my practice in a number of instances, and so satisfactory were the results that the dread of laceration seldom haunts me now as it did of yore.

This practice may be regarded by some as indelicate, but I can assure those who are disposed to take this view of it, that in a case of real danger, such as we are supposed to be considering, the objection can not be considered, and their patients will be more apt to thank than to chide them for their well-timed interference; and in cases where the danger of laceration really exists (and none others ought to be interfered with), the anus will be found to be sufficiently dilated to admit the entire hand if it were necessary, and the assistance can be rendered without the slightest inconvenience or discomfort to the patient.

The important indication in these cases is to bring the expanding force of the foetal head in apposition with the vulva, so as to act with energy upon the constrictor muscles of the vagina, which is to be accomplished by elevating the head and depressing the perineum. For if the head continues to advance in the direction of the lower margin of the perineum, scarcely any amount of dilation or expansion can relieve the patient from the perils of a dangerous laceration.—*St. Louis Med. Rep.*

#### *Phthisis.*

The *Lancet*, for Oct. 12, contains a note from a well-known physician, Dr. William Budd, on Phthisis. He

says, "The following are the principal conclusions to which I have been led regarding Phthisis and Tubercle: 1. That tubercle is a true zymotic disease of specific nature, in the same sense as typhoid fever, scarlet fever, typhus, syphilis, etc., etc., are. 2. That like these diseases, tubercle never originates spontaneously, but is perpetuated solely by the law of continuous succession. 3. That the tuberculous matter itself is (or includes) the specific morbid matter of the disease, and constitutes the material by which phthisis is propagated from one person to another, and disseminated through society. 4. That the deposits of this matter are, therefore, of the nature of an eruption, and bear the same relation to the disease, phthisis, as the 'yellow matter' of typhoid fever, for instance, bears to typhoid fever. 5. That by the destruction of this matter on its issue from the body, by means of proper chemicals, or otherwise—seconded by good sanitary conditions—there is reason to hope that we may, eventually and possibly at no distant time, rid ourselves entirely of this fatal scourge."

The grounds upon which he founds these views are, (*a*) The pathology of phthisis, which he thinks shows a specific cell proliferation; (*b*) indisputable instances of personal contagion; (*c*) the geographical distribution of phthisis, the disease extending to newly-discovered peoples in proportion to their intercourse with Europeans (e. g., the South Sea Islanders, the North American Indians, and the African, among whom phthisis was unknown when they were first visited by the whites, though it has since proved extremely fatal; ) (*d*) the relation of phthisis to high and low levels is the same as that of ordinary zymotic diseases; (*e*) phthisis prevails extensively in convents, harems, monasteries, penitentiaries, just as do the zymotic diseases. Dr. Budd says the idea first occurred to him in 1854, and his investigations since have confirmed his belief in this hypothesis, for which he claims the superiority over all others that it explains all the facts of phthisis.—*Med. Gazette*.

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## EDITORIAL.

### New York State Eclectic Medical Society.

At the Annual Meeting of the Eclectic Medical Society of the State of New York, held at Saratoga Springs, June, 1867, it was ordered that in future the Annual Meetings of this Society, be held in the City of Albany during the month of January of each year. The

reasons influencing this decision were many and urgent. It is a step we have advised from the first, and future developments will no doubt confirm the wisdom of our counsel. We have always thought that the Annual Meetings of our State Society, should be held at the State Capital, during the Session of the Legislature, not only that the importance and magnitude of the Eclectic movement might thus be placed fairly and prominently before the representatives of the people, but that our influence and power might be brought to bear directly upon the members of the Legislature, in order that we may secure a full recognition of our professional rights, and that official aid and protection to which we are justly entitled.

It is a distinctive peculiarity of the mass of Eclectic physicians, that they have broken away from the arbitrary restrictions and cramping rules which Medical Associations have sought to impose upon them, and asserted their right to unfettered thought and independent action. But while this rebellion against Allopathic pretension and intolerance, and the declaration of their right to the largest freedom of opinion and action is in harmony with the spirit of our free institutions, it should not render them insensible to the advantages which would result from a unity of strength. In all great material enterprises, a combination of talent and resources is deemed essential to success. In every political, and other great movement affecting the interests of a large portion of mankind, this principle is universally recognized and acted upon, and in an association like ours, which has in view the noble purposes of eliciting truth, preserving principles, and advancing the cause of rational medicine, the advantages of an organized and united effort should not be overlooked. This, no doubt, has been the greatest barrier to the success of Eclecticism as a system. To scatter the elements of power is to destroy them; to unite and concentrate these elements is to intensify and strengthen them. Eclecticism has within herself all the elements of success; the conditions essential to a vigorous and healthy growth are not wanting, and the great and only requisite for the development of our cause is a general and active concert among Eclectic physicians everywhere.

A peculiar interest centers upon our approaching Annual Meeting. Our opponents have proven themselves bold and unscrupulous. Alarmed at the rapidly increasing popularity of the Eclectic system of medicine and the formidable proportions which it has assumed, and distrusting their ability to retain that exclusive official power with



which they have been so long vested, they have renewed their crusade against us, and are uniting their efforts to crush us out of professional existence. As an evidence of this fact, we have but to recognize the various unfair attempts made in the Legislatures of several States, to influence Legislative action against us, by appointing Examining Boards exclusively of Allopathic physicians. This bill had for its ostensible purpose the elevation of the standard of the Medical Profession. And in this fair and specious guise, it was calculated to deceive many; but if we penetrate deeper, we will find that the real object of this measure, was to exclude all those from the legitimate vocation of medicine, who differed from them in principles or practice. The fact that the same attempt has been recently made in the Legislatures of several States, is deeply significant and alarming; it indicates that there is a general and wide-spread conspiracy to defraud us of our rights, by taking snap judgment against us. To resist these encroachments upon our just rights, to defeat this intolerant and proscriptive movement, let all Eclectic physicians unite their influence and effort. Let them enter a protest to the Legislature against this unfair concentration of power and position in the hands of a privileged few, and let them demand a representation in some fair ratio of numbers, respectability and influence. This appeal coming from so large a body of earnest and intelligent men, men whose position in the community is known and established, and whose influence with their constituents must be respected, cannot be silenced, or set aside. The wonderful superiority of the Eclectic system of medicine, has been recognized and approved by the people, and it cannot be much longer ignored by their representatives.

In view, then, of the grave importance of the measures to be considered and acted upon at our approaching Annual Meeting, measures affecting the vital interests and future development of our cause, the necessity of a large attendance cannot be over-estimated. Let there be a full representation from every County and District Society throughout the State. We hope that all the various committees will present able reports upon the subjects severally referred to them, so that the next volume of our Transactions will be creditable to the intelligence and learning of the members of our Society, and the School of Medicine which they represent.

Leaving out of consideration the manifest duty which every Eclectic physician owes to the cause with which he is identified, there are benefits and advantages growing out of these associations which af-

fect him personally. In meetings of this nature, where men of diverse minds, with different opportunities for study and observation, are thrown together, a free interchange of opinion in regard to diseases and remedies must result in mutual advantages.

The contact of mind with mind sharpens intellect, stimulates industry, and develops truth. Men who have enjoyed peculiar opportunities of studying certain diseases, of testing thoroughly particular remedies, or who, from peculiarity of taste or mental training, have been led to devote themselves to some specialty, are prepared to offer from the storehouse of their experience and observation facts and suggestions which would prove of great value to their brother practitioners. Men thus drawn together by similarity of tastes, identity of interest and devotion to a common cause, cannot fail to derive much pleasure and profit from these gatherings. The enduring effect of acquaintances and friendships thus formed broadens and deepens through a lifetime, and men who would have been strangers to each other come to be warm and devoted friends, taking a constant and lively interest in the welfare and prosperity of each other, often conferring with each other as difficult or interesting cases present themselves, though living hundreds of miles apart. The experiences of a lifetime begin at a point and spread out in ever widening circles until they embrace a vast number of incidents and valuable facts, and this is essentially true in the life of the observant physician. The influence that one man of earnestness and intelligence exerts upon the opinions and actions of whole communities is hardly to be measured. Hundred or thousands of such men banded together can change erroneous systems and substitute better and more truthful conditions in their stead. A physician who is in the habit of performing his whole duty to the profession and the public in this matter, comes to be widely known and looked up to, and the fact that he is a member of a great, active, and influential organization adds at once to his influence and standing in the community, and serves as an introduction and recognition where his name would otherwise remain unknown. Such reunions stimulate all the best feelings of our nature—they are cheering and inspiring, and serve the mission of sunshine and flowers along the dusty pathway of social and professional life.

Every thoughtful and intelligent Eclectic physician no doubt fully appreciates the importance and great practical utility of Medical Societies, but the most formidable obstacle that prevents their more

general attendance is the inconvenience, expense, and loss of time to which they are subjected from having to leave their practice for a day or two. But if the Eclectic system of medicine is to be respected for its success and high character—if we hope to compete successfully with rival systems for popular favor and professional supremacy, we must subordinate mere personal interests to considerations of the general good. We must combine all our influence and strength and strike boldly for our rights. Strong in the conviction of the justness of our cause, and confident that the right if persisted in will prevail, let there be a systematized organization of all our forces—a clearly defined plan of action, and a grand united movement which will culminate in the downfall of Allopathic predominance, and the glorious triumph of the pure principles of a rational system of medicine.

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#### The American Eclectic Medical Review.-

WITH this number commences the second half of the current volume of the American Eclectic Medical Review. When we first inaugurated this enterprise we did it under the firm conviction that the establishment and support of an Eclectic Medical Journal in New York was an indispensable requisite for the development of our cause. Many of our friends predicted certain failure, and strongly dissuaded us from embarking in such an undertaking. Many who were appealed to for the support of the Review, thought it of doubtful permanency and excused themselves on this ground. But with a disregard of personal interest we assumed the consequences and commenced the publication of the Review; and although it may not have met with so large and liberal a support from the profession as we think its merits have justly entitled it to, yet we have sustained it for a year and a half, and shall continue its publication. We have earnestly advocated the true and distinctive principles of Eclectic medicine, and have zealously labored to promote the best interests of our cause. It is, to us, a source of the sincerest gratification to know that the important mission of the Review has not been barren of results—results which are beneficent in their nature and which have won for us the high appreciation of all those who have the good of the cause at heart. We have the satisfaction of knowing that the influence of the Review has served materially to advance the interests of progressive medicine; that it has done much in encouraging organization

and unity of feeling among Eclectic practitioners—that it has infused new life and vigor into many of our torpid and lukewarm associations, and that it has contributed more than all other agencies in instituting those measures which promise to result at an early day in the consolidation of the entire Eclectic Medical element on this continent.

To our collaborators on the Review we owe much of its success and high character; we gratefully acknowledge our obligations to them, and again express our appreciation of the valuable assistance they have rendered. It is a trite saying—the truth of which is confirmed in the individual experience of every one—that man is never independent of his fellow-men, and in no case is the confirmation of this truth stronger or more decided than in the cultivation and advancement of medical knowledge. The vast accumulation of facts and discoveries which constitute our present knowledge of the science and art of medicine, is not the product of a few great minds, but the aggregate result of the researches and labors of diligent workers for centuries. And at the present era of our science, characterized as it is by signal and brilliant improvements, no one should regard his sphere of observation so limited or his abilities so humble but that he can contribute something to the general stock of knowledge.

If we carefully sift the germs of truth from the mass of speculation and vain theories which at present encumbers our science, and trace the origin of the valuable discoveries which have stood the test of time and experience to their true source, we shall find that it is by the patient and industrious workers—men who, regardless of theories, have closely observed and followed the suggestions of nature,—that these invaluable results have been achieved. The knowledge of this fact should stimulate all our practitioners to renewed efforts in this direction. The greatest barrier to the progress and development of medical knowledge, has been a blind adherence to antiquated and pretentious authority—a disposition to receive unchallenged as fixed principles the *dicta* and opinions of a prominent few. In this way old errors have been perpetuated, new truths rejected, and the broad field of progressive medical science remained, in a great measure, an uncultivated waste. But this is essentially an age of progress; the tendency of modern medical research and observation is to ignore theories and to seek facts, to subject everything, no matter how venerable by antiquity, nor how sacred from the prestige of high



authority and great names, to the test of a rigid and practical scrutiny. Eclectic freedom of research and investigation is in the ascendancy; old theories are vanishing, and long-recognized systems are toppling before the resistless advance of a material progress. The almost entire revolution in the practice of medicine, the substitution of safe and sanative medicines in the place of those deleterious mineral agents formerly so much employed, attest the noble part the Eclectic medical profession have taken in this work of regeneration and reconstruction.

It has been our design not only to record the improvements and discoveries which are being made in the art and science of medicine, but to make the Review an exponent of all that is distinctive in the Eclectic Practice of Medicine, so as to give our professional readers a living insight into the most advanced ideas and practice of our art. We claim a superior efficacy for certain medicinal agents discovered by Eclectic practitioners, and which are known as Eclectic remedies, and more successful results in the treatment of various forms of disease; and we would vindicate the justness of our claims by presenting the methods of treatment, by which these results are effected.

In the last number of the Review, we called attention to the fact, and we desire to do so again in this number, that much of the uncertainty in the action of many of our Eclectic remedies as they are supplied to us, and which is due to their imperfect preparation, or defective materials, may be obviated by a general concert of action among Eclectic practitioners to practically test, on a large scale, and in every possible form, each remedy, so as to definitely settle and determine the entire range of its therapeutical properties. In this way only, can their standard virtues as remedial agents be ascertained and fixed. In this way many claims will be exploded, and doubtless many new and valuable applications of the different agents will be discovered. This concert of action should be had with a full understanding between practitioners and manufacturers, so that every form of preparation may be tested. In no other way can we be certain that the remedies we rely upon, are not a snare and a delusion. It is our desire to embody the results of such combined and united action in the pages of the Review, as the best means of popularizing and strengthening our cause, and the hands of its numerous practitioners throughout the country.

We wish to present in each number, original practical articles in such form as will be available to the physician in his daily

ministration on the sick. To effect these desirable objects, we earnestly solicit the aid and co-operation of our readers. Almost every practitioner possesses therapeutic information and successful modes of treating certain diseases peculiar to himself. By communicating such knowledge to the general profession, many will be benefitted, and no one will be the loser. Let not no physician regard this labor as purely disinterested. Such communication will stimulate others to the same laudable undertaking. By this contribution of the gatherings of each to the general stock, not only is the sum-total made larger, but it serves to enlarge the capacity and enrich the understanding of all those who engage in this intellectual traffic, every physician is prepared to treat disease more successfully, and to reap solid advantages in the shape of increased popularity and patronage.

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#### Open Air Amusements.—Skating.

THE youth of both sexes, in this city and Brooklyn, are indebted to the exertions of Major Oatman for the inauguration of the graceful health-giving, and delightful exercise and amusement of skating. He it was, in connection with the Central Park, who first established a well organized private Skating Rink, some five years since, at the corner of 59th st. and 5th Av. To his exertions is due the wide and increasing popularity, and the very general practice of skating, not only in our own city and Brooklyn, but throughout all the towns and cities in the country. His old skating pond, at the corner of 5th Av. and 59th st., is fitted up this winter in a very admirable manner, and the ice on his pond is the finest in the city. He has a large Skating Rink in Brooklyn, near Prospect Hill Park, and deserves all of the prosperity and success due to a public benefactor. In our next number we shall give an elaborate account of the whole range of open air amusements, as affecting the health of especially the youth of our cities.

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#### Now Ready.

THE Eclectic Practice of Medicine, by Robert S. Newton, M.D. This is a fine volume containing nearly 600 pages. It has been prepared with the utmost care, fine large type, clear white paper, and the

most substantial binding. The subject matter of this volume embodies many new and important facts, not to be found elsewhere; together with results from new remedies, and new results from old remedies, which will be found of rare interest to every practitioner in the country, of whatever school, and invaluable in their practice at the bedside of the sick. No conscientious or observant physician can well dispense with this important book from his professional library. It is printed on clear white paper, with large type, and is substantially bound. It will be furnished at five dollars.

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## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

**THE PHYSIOLOGY OF MAN: DESIGNED TO REPRESENT THE EXISTING STATE OF PHYSIOLOGICAL SCIENCE, AS APPLIED TO THE FUNCTIONS OF THE HUMAN BODY. BY AUSTIN FLINT, JR., M.D., PROF. OF PHYSIOLOGY AND MICROSCOPY IN THE BELLEVUE HOSPITAL MEDICAL COLLEGE, ETC. NEW YORK: D. APPLETON & Co., 443 and 445 BROADWAY. 1867.**

The second volume of Prof. Flint's admirable work on Physiology was issued from the press several months ago, and the flattering manner in which it has been received by the profession is the highest attestation of its intrinsic merit.

The author, following the plan adopted by some European writers, divides up the subject so as to make each volume complete in itself. In his own language "the separate parts of the work are intended to form distinct treatises, devoted respectively to natural subdivisions of the science of physiology; each one being complete in itself, but the entire series embracing all the subjects usually regarded as belonging to human physiology. This departure from the old beaten track of physiological writers, forms an attractive and useful feature of the work, and by thus grouping the associated subdivisions, they can be considered with much greater minuteness, and the functions of related organs so presented that the student can readily comprehend them as a whole, without interruption or confusion.

The present volume embraces a group of subjects of the greatest importance, as well to the general reader as the professional man. It treats of Alimentation, Digestion, Absorption, Lymph, and Chyle. The effects of insufficient alimentation is fully discussed, and some important physiological facts are presented, based on the reports of Prof. Jas. Jones, in relation to the celebrated Andersonville prison, etc.

The author resorts as far as possible to physical laws in explanation of vital processes, and aims to strip the subject of all that mystery which older writers throw around it. By carefully repeating old experiments, and instituting many entirely new, he has thoroughly qualified himself to form correct opinions in disputed points, and to correct many errors which for years have been accepted as truths. This and much more has been done.

A work of such magnitude calls for much patient toil and investigation, but when completed it will justly take rank as the *first* extant upon the subject of human physiology.

THE LOVER'S DIARY: A POEM BY ALICE CARY, WITH ILLUSTRATIONS. TICKNOR & FIELDS, BOSTON. 1868. pp. 240.

This is one of the most unique and charming volumes of the season. It is the story of a young girl's heart, from the age of seven, with all its varying moods, fancies, aspirations and delicate mysteries displayed, until she is settled in her own home, married to the man of her choice, and a mother.

The interest of the story is sustained with delicacy, yet simple naturalness very delightful, and the varying phases are told with a grace and tenderness indicative of a very high order of genius, as well as a most appreciative experience on the part of the fair author. The blending of another life with that of Mona the heroine, through the enchantments of a mutual attachment, is described with rare fidelity and pathos. The inception and plan of the poem are in themselves a surprise and a charm. No young girl or young man can read this beautiful production without an increased elevation of sentiment and substantial profit; indeed, we cannot sufficiently thank the author for this addition to our best poetic literature. The volume contains a portrait of a beloved sister of the author, now dead, to whose memory the volume is dedicated. It is otherwise tastefully and appropriately illustrated. The typography, paper and binding are in the best style of the distinguished publishers.

## NEWS AND MISCELLANY.

DR. R. R. McILVAINE.—A few days since we had the pleasure of meeting in this city, our old friend and fellow-Cincinnatian, Prof. R. R. McIlvaine, who had just returned from another sojourn in Paris. The Dr. looks well, and no doubt his many friends will welcome him on his return home to Cincinnati. We clip the following from the "*L'Événement Medical*," Sept. 14, 1867, one of the most popular medical papers published in Paris:

"It was through error that the name of Mr. the Doctor R. R. McIlvaine was not mentioned as delegate from the Medical Association of the State of Ohio, to the Medical International Congress.

"At the same time with this correction, we do ourselves the pleasure to publish a valuable paper, which Doctor McIlvaine has furnished us, and proves how highly he is estimated by our editor-in-chief.

"Mr., the Doctor R. R. McIlvaine, delegate from the American Medical Association of the State of Ohio, to the International Medical Congress, is one of my oldest scholars and friends. He has followed closely and with much success, my theories, and above all my clinique at the Hotel Dieu. He has practised percussion and auscultation, and I profess for him great esteem and affection.

P. A. PIORRY."



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AND

THE COLLATERAL SCIENCES.

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## ORIGINAL COMMUNICATIONS.

Intuitive Diagnosis—Doctor Tronsseau.

BY ALEXANDER WILDER, M. D.

It is a fact which, for obvious reasons, is seldom permitted to transpire, that there are many physicians, apparently as successful as others in the profession, who are not guided altogether, in diagnosing the condition of their patients, by the rules and ideas laid down by authors. They appear to have intuitive impressions as to the character of complaints and the proper treatment. Such things savor of empiricism, but are very often found, nevertheless, not to be out of the way. They are noteworthy as constituting a series of phenomena which may, some time, lead to the knowledge of higher principles of anthropological science.

If what is denominated the clairvoyant practice could be placed in this category, it would probably be entitled to more consideration. Then the peculiar work of diagnosis could be ascribed to some law of the perceptive faculties in a state of more than common acuteness. But when it professes to transcend the ordinary human range of ideas, and to depend upon spiritual communication, or something analogous, we are compelled to defer its consideration till the whole subject now known as "spiritualism" shall have been defined and brought

near to the department of positive knowledge. We cannot afford to let our desire to be candid lead us to the verge of what is regarded as absurdity. While acknowledging the extraordinary circumstances in the case of the late Elias Howe, junior, we must be excused from embracing them in our discussions.\*

The late Doctor Armand Trousseau, of Paris, seems to have been peculiarly gifted with this power of making successful diagnoses by the impressions which he received from

\* The peculiar facts of the last sickness of Mr. Howe are substantially as follows: He had returned from Europe, last summer, in a very low state of health. He was unwell when he left home, and only did so that he might attend the Exhibition at Paris, and secure for the sewing machine, of which he was the inventor, the honor to which it was entitled. He took the opportunity to consult the most noted physicians of London and Paris. They expressed the opinion that he was suffering from enlargement of the heart, and albuminuria. Instead of remaining in Europe, and thus avoiding the fatigue of a journey across the ocean, he returned to this country and sought the aid of his own physician at Bridgeport, Connecticut. The symptoms were not improved, and soon came on the indications of speedy dissolution. The limbs swelled; the chest bloated; and the surface became of the dark hue premonitory of death. Mrs. Mettler, of this city, was summoned; but it was with the greatest reluctance that the family allowed her to begin. She administered active stimulants, and at the same time manipulated the head and body, as is done by mesmerisers. The effects were surprising. An erysipelatous eruption, very irritable, came out upon the head and chest; and the swelling of the chest and limbs went down. For a day or two, the improvement seemed to continue; but there was one interruption, during which, it was supposed that the last moment was approaching. Mr. Howe's family surrounded him and received his farewell. Mrs. Mettler renewed her treatment, with apparent success. The dropsical effusion gave way, and was succeeded with large blisters upon the soles of the feet, which discharged a serous fluid. Mr. Howe became stronger, and was able to come to New York, whence he took the steamboat on the 12th of August for Boston, to pay a visit to his father. He continued in this way for several weeks, when another attack ensued, which terminated in death.

A young woman in this city, the daughter of one of our best citizens, lost her sight two years ago, which was restored by the treatment prescribed by a clairvoyant. But having a scrofulous constitution, no one will be surprised to learn that, after two years of comfortable health, she is again prostrated. Both these persons were treated by "clairvoyant" practice, as distinguished from "spiritual mediumship," if there is a distinction to be made. The practitioner first went into a trance or ecstasy, and in that condition professed to become cognizant of the diseased conditions and the treatment required. Every reader can judge how much importance to attach to the matter.

A. W.

his patients. It is said that, when at the side of an invalid, he was like a prophet inspired. He would read the person as he would a printed book, and perceive in this way the disorder, whether of heart, mind, or body. Whatever remedies he prescribed on such occasions were proper for that patient, but rarely for anybody else. An example of his mode of proceeding is in point :

One day a gentleman, a total stranger, called upon him. It was Lord Seymour, an English nobleman. He was robust and looked as though he was the very personification of vigorous health. After a few words were interchanged, the visitor opened the subject.

“Doctor,” said he, “I am not well. It appears as though my strength was failing me. A strange lassitude has possession of me. I feel——indeed, I scarcely know how I feel.”

As he was speaking, Doctor Trousseau looked steadily upon him, with a slight tremor perceptible.

“You fall asleep every day, immediately after dinner?” he remarked.

“Yes,” replied the nobleman, “that is true.” The doctor continued :

“You are unmarried ; you have no family, and are without the ties of home-life.”

“Very true,” answered Lord Seymour.

“What you want is, not medicine, but affection,” said the doctor. “You want the ties and the affections of home. You must have something, some one for whom to live. You are pining away for this. You must form household relations, and so give aliment to your heart, or you will be a dead man before eighteen months.”

Lord Seymour smiled skeptically as this judgment was delivered. As the doctor concluded, he laid on the table a fee of five hundred francs, and took his departure.

Doctor Trousseau’s advice was neglected, but his prediction was verified. In the space of one year and three months, Lord Seymour died from a general wasting away of his physical powers.

Doctor Trousseau was a man of rare genius, and added, of

his inventions and observations, many valuable contributions to his profession. He carved, almost unaided, his own career. It is hardly necessary to remark that he was singular in appearance and address. A correspondent from Paris describes him in the following terms :

“He talked, looked, acted wofully like a quack. You could not at first help thinking, ‘What a humbug he is!’ When you became better acquainted with him, you saw his manners and appearance were only the overflow of a well-filled, well-trained, ever active mind. Doctor Trousseau was one of the few medical men who thought. There is no profession in the world where thinking is more frowned on than in the medical profession, which is one reason it makes so little progress. Inquiries into the nature of disease, its causes, the nature of drugs, the causes of their action, attempts to deduce the general laws of disease, are heterodox in that profession. Empiricism is the cardinal rule. Dr. Trousseau, like Dr. Ricord, thought for himself; and, thinking for himself, invented one of the most admirable surgical operations of modern times—tracheotomy, which removed croup from the fearful group of consumption, cancer, and other incurable diseases. It is simple as Columbus’s egg. It consists in making an artificial aperture in the trachea and inserting a silver tube; air is supplied the lungs below the diseased part, and the physician has time to apply specifics for its cure and await their action.”

In this connection it will not be out of place to give a sketch of his personal history. He was born at Tours, on the 24th day of October, 1801. His family was respectable. His brothers and sisters, those of them still surviving, reside in that city. In subsequent life he always spoke of his native place with affection; and when it became necessary for him to establish his son in life, he sent the youth to an estate in that neighborhood.

Armand Trousseau availed himself, while young, of whatever means of instruction were accessible; and then obtaining employment as a teacher of rhetoric, he continued to labor at it till he had accumulated sufficient money to enable



him to prosecute the study of medicine. He was a zealous student and graduated in 1826.

After entering in practice, he was not long in obtaining notice. In 1831 he received the appointment of physician to the Hospitals, outstripping a formidable body of competitors. He held the place for thirty-six years. In this position he instituted those observations which enabled him to make valuable contributions to surgery and medical science.

Appreciating keenly as he did the blessings of home-life, he fell far short of realizing them. French marriages seem to be often unhappy, perhaps because they are too much mere matters of convenience. Trousseau was as domestic as Abernethy, but by no means so fortunate. Possessing reputation and affluence, everything that could gratify ambition, his home ministered little to his comfort and enjoyment.

He was long at the head of his profession, and his instructions were sought by young men from all parts. He thus was employed as a teacher, as well as at the active duties of his profession, till age and infirmity required him to take repose.

In 1866 he became feeble, and resigned his professorship in the Medical institution. It was soon apparent that his end was not far off. His disease was cancer in the stomach. He set himself deliberately at work to put all his affairs in order; and even caused a vault to be built for the reception of his remains.

One day an old patient visited him for advice.

"Doctor, I am not well," said he; "please do something for me to enable me to attend to my business."

Trousseau gave him a prescription, and then addressed him:—

"Medicine is very efficient," said he, "but will is more efficient still. Look now upon myself, I shall be dead and buried within six weeks. Yet here you see me attending to my business."

He made an examination of his own case every day. It was as distinct and accurate as though he had been taking

observations of the disease of another person. He called his pupils to him often, and would make them place their hands on him over the seat of the cancerous affection.

"You see," he would remark, "that the tumor increases daily in size. In three weeks—in two weeks—in one week—to-morrow—there will be an end of me."

A week before his death he visited his vault to see that everything was properly in readiness. Two days later he went to an undertaker and made the arrangements for his funeral. He apologized for doing this :

"It is," said he, "because one's family, in the first moments of grief, cannot attend to these matters."

The pains were most intense, and on the last day of his life became almost unendurable. He besought a physician to give him a subcutaneous injection of morphia to alleviate his sufferings. It was done ; and in the period of vivacity which ensued, he delivered an eloquent discourse upon the properties of morphia and the action of hypodermic injections. Finally, he perceived that the last moment was approaching, and exclaimed :—

"Remember, above all, let there be no display, and no addresses at my funeral."

A minute afterward he had breathed his last.

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### Proximate Principles as Educts.

BY JAMES DAY, M.D.

CHEMISTRY has demonstrated the plant to be the Laboratory of Nature, for the *production* and *perfection* of proximate principles from the debris and disintegrated matter of the animal economy, to be again consumed by that economy, as food, or, less frequently, as medicine.

These proximate principles exist in the plant in a form *always* the most easy of assimilation with its own tissues.

The resins, volatile oils, oleo resins, and balsams, insoluble out of the influence of the vegetable organization (after

separation from their native combination), except in alcohol of a low specific gravity, are to be found in the plant, suspended in its juices in the form of emulsions, or combined chemically with sufficient gum, sugar, or albumen to produce compounds soluble (through the agency of the vital force of the plant) in water, or out of the plant, as educts, in dilute alcohol.

So long as the plant lives, it is a deoxydizing agent; once deprived of its vital force, oxygen has full sway, and decomposition sets in.

To avail ourselves of these proximate principles as educts, in which form they must necessarily be best presented for digestion (without direct irritation), we must have recourse to "liquid preparations," made without heat. Using a menstruum, the chemical construction of which is similar to that of the principle to be obtained, and that will not destroy the affinity of its native combination, in other words, that will obtain the principle as an *educt*.

To ensure uniformity of strength, a part of the preparation should be subjected to analysis, and the concentration based on the result.

This will obviate the variation in the activity of crude drugs, obtained at the various seasons of the year, and in different climates.

For convenience, they should be as highly concentrated as possible, without detriment.

Chemically, resins and oils are incompatible with water and acids, and preparations containing them should not be mixed with aqueous or acid solution. The result would be precipitation or separation. They are, however, much more soluble in alkalies, and their addition to aqueous solutions will favor the solution of resinous matter.

If, however, the principle be obtained as an educt, in many cases even oleo resins are so combined as to be soluble, or their atoms so finely divided as to form clear solutions with water. It is so with a fluid extract carefully prepared from the fresh root of the *gelsemium sempervirens*. It can be mixed in any quantity with water without precipitation.

This result cannot be obtained from iteroleo-resin precipitated and redissolved.

If the active principle be precipitated and dried, it becomes insoluble in water or dilute alcohol.

The resins of the *Podophillum Peltatum* are so combined in their native state, as to be obtainable with boiling water or dilute alcohol; the aqueous solution will precipitate the resin after a time, on account of its superior affinity for the gum.

The dilute alcoholic solution will not do so.

It is, however, well known that the Podophillin of commerce, or the pure resins of the Podophillin when dried, are insoluble in this menstrum, and not wholly in concentrated alcohol.

This clearly indicates what actually takes place, a chemical decomposition or oxydation.

The Podophillin, therefore, of the shops, is not the resinous principle of the *Podophillum Peltatum*, as it exists in its native combination, but an oxydized *product*.

Will not this insoluble condition, brought about by oxydation, account to a great extent for the irritating properties of the so-called Podophillin? It is our experience that a carefully-prepared fluid extract does not produce the irritation and nausea consequent on the administration of Podophillin; the reason of this is apparent in its more ready solubility and consequent absorption.

The resins of Podophillin are, however, like all resins, rendered more soluble by alkalies, and it is our experience, that the fluid extract administered, say, with the compound syrup of rhubarb and potassa, will produce all the cathartic effect desired, without the irritation occasioned by the Podophillin.

Resins are precipitated by acids as a class, and many manufacturers use hydrochloric acid to precipitate Podophillin the more effectually.

Podophillin will meet this, or other acids, in the stomach; it cannot be dissolved, or at least only very little of it, and must act as a topical irritant to the mucous membrane,



producing nausea in many cases some hours before catharsis.

If the acidity of the stomach be neutralized before the administration of the fluid extract, or the alkali be united with it, no precipitation takes place, and the remedy is absorbed, producing no irritation of the mucous surfaces of the stomach or intestine.

This rule will not apply to the powder Podophillin, inasmuch as it is so thoroughly oxydized and changed that it becomes insoluble even in alkalies, except to a limited extent.

If a dose of fluid extract be mixed with water, precipitation takes place; the addition of one drop of any alkaline solution immediately redissolves it.

We have reason to think the combination of Podophillum Pelt. and Leptandra, in the form of fluid extract, prepared by the process indicated, and combined with Syr. Rhei et Potassa, will in every case prevent the irritable action of the Podophillin.

The plant has *perfected* these remedies for our use. The less chemical change they undergo, the more easy of assimilation.

EMPIRE CHEMICAL LABORATORY, 221 East 26th St., N. Y.

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### What are the Temperaments? The Life Line.\*

BY W. BYRD POWELL, M.D.

\* \* \* What do we mean by "the temperaments?" They are the visible measure of a man's life force; his bodily and mental capacity, and may be just as well understood, if you will take the trouble to learn, as the speed and bottom of a horse.

\* As we have received several letters from readers of the REVIEW in regard to Prof. Powell's celebrated discovery, we make the following extracts from a paper of his, published several years ago in the *Scalpel*. —ED. REVIEW.

Mere vegetative life is the sum total of the powers that resist decay. We call its degree, the constitution ; and each man has his own, in common with other animals. A man has strong or weak vital force ; he breathes powerfully or feebly ; he feeds to advantage or disadvantage ; if he have strong vital force, he is usually fond of animal food, and is very active and energetic in his movements ; if he be weak in his vital force, or lymphatic in temperament, he is more sluggish in his movements, and is satisfied with food that yields less fibrine and red globules to his blood ; these make muscle. Vegetarians are generally cold-blooded and phlegmatic ; hence we deduce the temperaments : sanguine, sanguine-bilious, and lymphatic (popularly called phlegmatic), of the old standard physiologists. The temperament means nothing more than the physical condition of the man, that gives him his position as an active or passive agent among his fellows.

A man of fine physical conformation, and plenty of red blood flowing through his face, with clear bright blue or gray eyes, capacious lungs, broad shoulders, and wavy brown hair and beard, is of the highest sanguine temperament ; he has high vital force ; and if he have a well-organized brain and a good early education, he is susceptible to the best influences ; if not, and he be so unfortunate as to marry a mean and soulless woman, he will go to the devil.

A man with a full and well-rounded person, and a much paler face, and whiter straight hair and beard, with shorter limbs and fingers, and built like a fat woman, is slower in his movements and passions, and colder in temperature ; he is lymphatic (phlegmatic) in temperament, and whoever marries him will be obliged to take great care of him ; his blood circulates too slowly to admit of generosity ; she must have his slippers, and tea, and toast ready betimes, or he will let her know that she has committed a sin not easily forgotten ; he will count every cent of her pin money.

A lean man, with well-defined and hard muscles, and little or no fat, tall and long-limbed, with brown hair and beard, and gray eyes, and very active and energetic in his move-

ments, has the highest degree of executive and vital force combined ; he is sanguine-bilious ; the bile hides the red blood in his face, and makes him darker.

If he be an educated man, and fond of domestic life, a woman of soul and delicacy of sentiment, if she be in some degree his opposite in temperament, may control him to any extent compatible with his honor ; but we advise all wire-pullers, and designing or cunning men, to give him a wide berth ; he will prove a most impracticable creature "to operate on."

We occasionally observe marked examples of the mixed temperament, especially the nervous and sanguine, and nervous and bilious ; these are characterized by the peculiarities of their respective types, with the addition of a greatly increased quickness of movement and speech ; when the nervous element predominates, the individual is sometimes said to be of that distinctive temperament ; but this is in our opinion wrong, as it is impossible to class the degree of mobility as a temperament, when it is never uncombined with the far more distinctive characteristics of the bile and blood.

These are the old and well-defined temperaments of the books, with which every person of ordinary attainments should be acquainted. Many persons are no common judges of character and temperament, who know no arbitrary distinctions, but give evidence, by their conversation and the tact they show in their communication with their fellows, that they possess great powers of observation and sagacity in their conclusions.

It will be observed by the medical reader, that we have left out the melancholic temperament ; we do so because we consider it impossible to mark such an one distinctively, any more than the nervous temperament. Constitutional melancholy is only an adjunct ; and although it doubtless depends upon physical organization, its victims only become marked by it, when grief has done its work upon the organism. The Encephalic temperament is denoted by an unusual development of the anterior brain ; we consider the term happily expressive, and have adopted it in our division of a series of

lectures we are preparing on true and false marriage ; whether it be synonymous with the melancholic temperament or not, it is certainly not indicative of vital force. According to our own observation, a child who has a great predominance of the anterior brain, and especially of the forehead (popular), is about as unfortunate in his susceptibility to early disease and death, as he will undoubtedly prove in after life, should he survive, in tenacity of purpose and effective pursuit of the practical business of life ; if he possess both the anterior and posterior portions equally balanced, he will be a comprehensive and philosophical man ; if the posterior be still larger than a large anterior, he may be a Webster ; but if he have a little round head, say a third of a circle of seven inches, he will be a selfish man, who uses the smallest means to attain his objects ; and whatever caution he may have used to preserve the semblance of integrity in early life, if he reach seventy, it will inevitably leave him, and selfishness and vanity will assert their full power. We know a really great practical surgeon of this city who is so enslaved by the love of money, that he is rapidly effacing the laurels of early manhood by his openly dishonorable conduct, and the meanest slander of his professional brethren.

With good perceptive faculties, indicated by a large brow and moderate forehead, but with a high brain behind, a man of a very limited education, if fond of domestic life and happily married, will speedily show his superiority in all the practical business of life where perseverance and firmness are requisite ; but if his posterior brain slopes suddenly downward, he will be looking out early for a gold-headed cane and a rocking chair ; he must be somebody's ditto, or second somebody's resolution ; for he cannot afford the necessary brain force to form an opinion of his own ; such men must be sustained by others ; and if we were so unfortunate as to possess such children, and had the means, we would purchase annuities for them at once, for we know they could never help themselves.

Life force and vital force are not equivalent terms, because much more vital force is expended upon our relations



than upon our organization, in the preservation of life. Every muscular contraction we make, every thought, and every emotion, require an expenditure of vital force. If we draw a true line from the occipital protuberance of the occipital bone, to the lateral inferior angle of the os frontis, the space that may exist between this line and the meatus auditorius externus, is assumed to indicate, with sufficient accuracy, the depth of the base of the brain.



Now let it be remembered, that this rule applies to all persons, without reference to age, sex, or temperament; and that no form of disease, whether acute or chronic, proves fatal, so long as there is a respectable endowment of depth to the base of the brain. In a brain of medium size, one inch places the individual considerably beyond the reach of an early death, *except by accident or violence*. In our large collection of crania, no one of them died of regularly formed or idiopathic [original] disease, who had even three fourths of an inch.

*Vital vigor* is indicated by a broad base to the head, a broad and full development of the cerebellum [posterior brain], a broad, full, and strong neck at its junction with the head, a healthy and lively complexion of the skin. Such are those whom Marshall Hall denominates persons of high stimulus. They are those in whom all the functions of the body are vigorously performed; indeed, vigor usually attends all their functions.

This state of *vital vigor* may be, and very often is, attended by a very feeble life force, or vital tenacity, and, therefore, we think it probable that no class is more liable to epidemic mortality than it is; and yet many of this class, with their vigor, possess great tenacity of life. Our readers will observe that the persons described in these paragraphs are those of the pure sanguine temperament; now

those possessing it, with its accompanying "vital vigor," have great capacity in *executing* all the functions of their organs; but the observation of the practical observer proves them to attain a far less degree of longevity than those of the mixed temperaments, nervous and bilious-sanguine; they are far more liable to death from acute diseases, especially of the brain and heart.

When the depth of the base of the brain is reduced to half an inch in those of vigorous life, they become liable to be removed from this stage of action at a short notice, by some acute form of disease; while those of feeble life, with the same vital tenacity, become liable to be seized with some chronic form of disease, and thus are permitted to linger by the side of the grave for some time before falling into it.

Every part of the body continues to expend that force which we call vital vigor. *Vital tenacity*, or life force, is indicated alone by the depth of the brain's base; this may be strong, and yet the person may be so deficient in vigor as to be all the time complaining, and thus he may live on for twenty or thirty years.

We are frequently asked: Does the depth of the brain's base change after maturity? We answer in the affirmative. Mental and muscular activity promote development up to the meridian of life, or even later, in many instances, and then advancing age reduces it. Idleness reduces, and so does every habit that is unfriendly to health. Observation has brought us to the opinion that physical exercise only sustains and develops vital vigor, while mental toil, under the action of excitement and a feeling of responsibility, develops vital tenacity.

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### Medical and Surgical Notes.

BY PROF. ROBERT S. NEWTON, M.D.

#### SURGICAL OPERATIONS UPON PATIENTS WITH HEART-DISEASE.

EVER since the introduction of ether and chloroform as anæsthetics, there has been a prevalent opinion among medical

men, that they should not be used when patients were laboring under any disease of the heart; the effect of which has been to prevent almost every surgeon from operating in such cases. I was compelled by circumstances, in 1848, to operate upon two persons laboring under marked and well-defined disease of the heart, in both of which cases the result was favorable. From which I formed the opinion, and have acted upon it to the present time, that this class of patients may use chloroform or ether with almost as much safety as any others. I have not only watched the effect of chloroform upon my patients, but have taken it myself to ascertain its effect; and I am fully convinced that chloroform is a sedative in its action, and the exciting or stimulating effect, which we sometimes observe, is only the action of the anæsthetic upon the mucous surfaces; and, although this excitement may be present, there is no such effect produced upon the nervous centres themselves.

The cases above referred to were both cancer of the eyeball, having so far extended as to produce inflammation of the brain. Although both patients were far advanced in life, and affected as above described, I saw no means of arresting inflammation without removing the eyeball, with its appendages—all being involved in the cancerous disease. This was accordingly done. I then used cold-water dressings for ten days to the open surface, during which time the inflammation of the brain rapidly subsided. After which I used the zinc, iron, and hydrastis, until I had brought the surface of the wound fully under their influence, for the purpose of destroying all vestiges of the disease. The parts granulated and healed rapidly, and a complete cure was effected in both cases.

In 1861 I removed half of the superior maxillary bone from a gentleman who was then suffering from disease of the heart. The operation was successful, and the patient experienced no inconvenience or ill effects whatever from the use of the chloroform. Having established this fact so far back as 1848, I am now pleased to learn, from a recent number of the *London Lancet*, that Mr. Paget believes that operations upon persons affected with diseases of the heart are not attended

with a great deal of danger, and that the risk from the use of the chloroform is far less than from the shock of the operation, and that it is only in valvular disease and fatty degeneration that there is danger.

#### REPRODUCTION OF BONE.

At this time many leading surgeons are giving much attention to this subject. Various opinions are entertained in reference to the method which Nature adopts, not only to maintain the diseased bone, and enable it to perform its purposes, but to prepare a substitute or new bone to take the place of this when it shall have become so far diseased as not to admit of restoration. Before a bone can become diseased to any considerable extent, where no direct local cause has acted upon it, there must be a marked lesion of nutrition of the entire system; this may be the result of an imperfect organization, such as scrofula, or mercurial disease. So long as any portion of the bone has its periosteal covering, so long will that portion maintain its vitality directly through the circulation of the part, and immediately that portion of the bone which is stripped of its periosteal covering begins to decay, which is manifested by a redness upon the surface, which, in a short time, commences to ulcerate, and bony matter is thrown off, this portion of the bone itself, being the seat of the ulcer. While this is going on in the denuded portion, a rapid deposition of bony matter is taking place beneath the periosteum of the living bone, which continues to increase in size and strength until it is sufficient to perform the function of the old bone. Then, by this absorbent action, it is entirely loosened or detached from the new bone, and can be easily removed from the soft tissue by the bone forceps. I will refer to two of many cases which have occurred in my own practice. One was a disease of the upper third of the tibia, not involving, however, the articulation; in the other, about one half of the humerus was involved. Both of these cases were of the scrofulous diathesis. As soon as I had made my diagnosis, I advised an active and generous diet, and the daily use of the Comp. Syrup of Stillingia and



Phosphate of Iron. These were continued in as large quantities as would assimilate, for four months, at which time I removed about six inches of the entire shaft of the humerus in one case, and five inches of the shaft of the tibia in the other. These specimens have been carefully preserved in my cabinet. The reproduction of bone was such as to enable the boy of nine years old, who had labored under disease of the tibia, to use the affected limb as freely as the other. The other case was a boy of seventeen, who was able to perform the same labor with that arm afterwards as with the other. The wonderful effect which I have observed in my own practice from the use of the *Stillingia* induces me to believe that this is the most valuable alterative in the *Materia Medica*.

#### ABDOMINAL DROPSY.

In October last, I was called to see a patient laboring under the above disease. I found the case to be one of peculiar interest. It had continued for several months. The accumulation of fluid was so great as to cause much inconvenience and difficulty of breathing while lying down. This was accompanied with a great degree of gastric irritation, to such an extent as to cause almost constant vomiting, and for several weeks she had been unable to retain but very little nourishment. The general emaciation, the oppression of breathing from the accumulation of fluid, and the hectic symptoms which were present, seemed to indicate the actual necessity of an operation for the removal of the water. I concluded, however, to first try a prescription of medicine. I accordingly put her upon large doses of the *Alc. Fl. Exts.* of *Agrimony* and *Gelseminum*. This I advised to be continued for one week. I agreed to visit the patient at the expiration of that time, and remove the water by tapping. At the appointed time I made the visit for that purpose, being accompanied by Dr. Morrow, who had visited the case in consultation with me. To our gratification and surprise, we found that the water was entirely evacuated, and the patient able to sit up and walk about the room. She rapidly

regained her strength, and at this time has no indication of a dropsical condition.

#### SYPHILIS.

The opinion expressed by a large portion of the medical profession is, that syphilis of itself will, if not treated, ultimately proceed to the disorganization of the bony tissue. My observations for the last twenty-five years have fully convinced me that this is not true, for I have never seen a single case of syphilis, alone, affecting the bones, but every case where the bony tissue has been involved in connection with syphilis, the mercurial preparations had been used for its treatment. Hence, I am warranted in the following conclusions: that syphilis, like gonorrhœa, is in all cases a self-limited disease, and will be cured by the powers of the system alone, and, in those cases treated without mercury, it never proceeds to the *tertiary stage*; while every case of syphilis treated with mercury sooner or later reappears in some form. The combination of the mercurial preparation with the syphilitic virus is necessary to disorganize the bony tissue. No syphilitic patient who has ever been treated with mercury is safe from its recurrence, or has he any guarantee that the disease is eradicated from the system. So true is this the case, that but very few persons who have been thus treated, if they become parents, do not, sooner or later, witnessed the effect upon their offspring. During the long series of years in which we have been making our observations, we have never seen a case of syphilis, treated without mercury, where there was any subsequent manifestation of the disease.

#### STILLINGIA.

Stillingia is one of the most powerful alterative agents known to the medical profession. It will cure any case of syphilis in a system entirely free from mercury, yet, if there should be mercurial complications, it will have to be combined with the iodide of potassium. But while this will control all of the ordinary conditions, it cannot be considered a

specific under these circumstances. Since 1848, we have relied entirely and exclusively on it as a constitutional treatment, and we have so completely and radically cured our patients, where no mercury had been used, as never to have to treat them for any subsequent manifestation of the disease.

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Historical Synopsis of a Report by Surgeon-General, U. S. A., on  
Amputations at the Hip-joint, in Military Surgery.

THE first practitioner who directed his attention, in a particular, manner to amputations at the coxo-femoral articulation, and proclaimed the practicability of this formidable operation, was Sanveur François Morand, who studied surgery in England, in 1729.

Volher and Puthod communicated memoirs to the Royal Academy of Surgery, at Paris, March, 1739, in which the propriety of this operation was formally advocated, and the various injuries and diseases, for which it might be regarded as the only resource, were pointed out.

Ravaton desired to perform the operation, in the case of a gendarme of Louis XV., with a complicated fracture through the trochanters, in 1743, but was prevented by the opposition of his colleagues.

A thesis, strongly recommending a trial of the operation, was published by Lalouette, in 1748; and the same year, Lacroix completed an amputation, which nature had nearly effected, in the case of a child of fourteen, with sphacelus of the lower extremities, induced by ergotism.

Morand succeeded in having this subject brought before the Academy of Surgery, in 1756, but the memoirs presented were adjudged unsatisfactory. The subject was again brought forward in 1759, when the Academy gave its sanction to the essay of Barbet.

Barbet, and eighteen others of the essayists, defended the propriety of amputating at the hip-joint, under certain circumstances, and he enumerated those in which he considered the operation justifiable.

Goursaud proposed a new operative procedure for amputation at the hip-joint, in 1758. The year following, Moublet published an essay in advocacy of the operation. Soon afterwards, Puy and Lecompte announced successful results in the lower order of animals; and Lefebure, in a published essay, advocated the ligation of the femoral artery as a preliminary step.

These views were opposed by Pott, Richerand, Bilguer, and Callisen.

In imitation of Lacroix, Perault performed the operation on a young man, whose right thigh was crushed between the pole of a wagon and a wall. The patient recovered and lived for many years. Velpeau saw his son, and learned his history in 1815.

Kerr, of Northampton, England, in December, 1774, amputated at the right hip-joint, in the case of a consumptive girl of eleven or twelve years, who had coxalgia, with lumbar abscess. She survived the operation seventeen days. This is the first authentic instance of a true amputation at the hip-joint.

Henry Thomson amputated at the hip-joint about this period, though no record of it is to be found. It was, no doubt, a fatal case, and the one which Pott witnessed, and which led to his emphatic condemnation of this operation.

For a period of twenty years the operation at the hip-joint was abandoned, except on the dead subject demonstrated by surgical lectures. In 1793, the operation was performed for gunshot injury, in the French army of the Rhine, by Larrey. Though the operation was a success, the patient died from exposure and fatigue, during a precipitate march of more than twenty-four hours' duration.

Velpeau states that Blandin operated three times in 1794, and saved two of his patients, while the third survived fifty-eight days. Bourgery says that but one of Blandin's patients recovered.

Larrey performed the operation twice, in 1799, at the siege of Saint Jean d'Acre. They both died—one by the plague, the other in an ambulance during the retreat of the army.



Krimer amputated at the hip-joint, for gunshot fracture, about this period. The patient died of tetanus on the tenth day.

Larrey operated at the hip-joint on two soldiers of the Imperial Guard, at Wagram, July 6th, 1809. They both resulted fatally in a few hours.

Brownrigg amputated at the hip-joint unsuccessfully, at Elvas, in Spain, in 1811. The year following, he was more fortunate. The patient of his last operation lived many years afterwards. December 12, 1812, a secondary operation was performed for complications, resulting from a gunshot fracture of the femur, at Merida, Spain. It is the first successful amputation at the hip-joint recorded in military surgery. Brownrigg performed, afterwards, two more during the Peninsular war, which terminated fatally. Guthrie performed in this year the operation unsuccessfully, at the siege of Ciudad Rodrigo.

Larrey also operated twice, in 1812; first on July 29th, assisted by Ribes. The patient died from dysentery on the twenty-fifth day. The other case was that of a French subaltern, whose thigh was terribly injured by a cannon-ball, at the battle of Borodino, on September 7th. This case recovered, and it is cited as the second successful amputation at the hip-joint in military surgery, and the first successful primary operation.

Cole performed this operation by the circular method, in April, 1814; and Samuel Cooper, at Oudenbosch, on a soldier, for grape-shot wound. Both cases resulted fatally.

July 12th, 1814, Dr. Emery operated for fractured thigh-bone. The patient died of secondary hemorrhage, thirty days afterwards.

Guthrie performed the operation at the hip-joint successfully, on July 7th, 1815. This is the third successful case.

Mr. Blicke performed the operation at Antwerp, August 15th, 1815, for osteomyelitis of the femur. The patient survived eight days.

Dr. Belmont, an accomplished Spanish surgeon, had twice amputated at the hip-joint, once with success.

During the siege of Athens, by the Turks, Dr. Bryce, in May, 1827, amputated at the hip-joint, and the patient is said to have completely recovered. The history is so short as to leave doubts on the mind.

P. J. Roux performed the operation successfully, July 29th, 1830. November 10th, same year, Dr. Clot Bey had an unsuccessful secondary operation at Marseilles.

Demme, the elder, performed the operation three times, during the campaign in Poland, in 1831—all unsuccessful. M. Sédillot had one unsuccessful primary operation during the same campaign.

Letulee performed the operation primarily, in 1832, for shattered left thigh by a cannon-ball. The patient survived nine days.

During the campaigns of the French in Algeria, from 1836 to 1840, amputation at the hip-joint was performed not less than eight times. Two unsuccessful ones by Hutin, and five primarily and unsuccessful by Guyon, Bertherand, and others. One successfully by Baudens, being the fourth authentic successful case.

Three primary operations by Jubiot, about this time, all of which resulted fatally. One by Sir Benjamin Brodie, and another by Wedemeyer, proved fatal, while the latter had one successful intermediate operation.

In June, 1848, amputation at the hip-joint was performed for gunshot injury five times by Richet, Vidal, Robert, and M. P. Guersant. Richet's was a primary, the others were intermediate cases; all resulted disastrously.

In 1848 and 1849, during the war in Schleswig-Holstein, this operation was performed seven times; five times in 1848, and twice in 1849. Dr. B. Langenbeck operated five times, and but one of his patients, a youth of seventeen, recovered.

An amputation at the hip-joint was performed at the New York Hospital, in 1849, for gunshot fracture of the neck of the femur by musket-ball, the patient surviving the operation ten days. This is supposed to be the first operation of the kind in this country.

Three primary amputations at the hip-joint were performed, for cannon-shot wounds, in 1848 and 1849, in the war in the Punjaub, involving extensive lacerations of the thigh, with compound fracture of the femur. Dr. James McRae says they all proved fatal.

Two operations were performed at the hip-joint, for gunshot wounds, in 1853, in India. One died immediately from the shock of the operation, the other in less than a month.

In the war of the Crimea, in 1854-5, amputation at the hip-joint was performed not less than forty-four times; twenty by the French, fourteen by the British, eight by the Russians, and twice by the Sardinians. All operated on in the Piedmontese army resulted fatally. Pirogoff's eight cases in the Russian army were most of them anemic, and, unfit to undergo so grave a mutilation, perished in less than five days. The operations in the English army were all primary, five were performed after Alma, Balaclava, and Inkermann. The Director-General, Thomas Alexander, operated twice. His patients lived to reach Scutari; one survived three weeks, and the other a month. Dr. Richard McKenzie operated on another of these cases, and Assistant-Surgeon Wyatt on a fourth. Nine operations were performed during the siege of Sebastopol. Two of the patients were officers, and seven enlisted men. All of these cases ended fatally. Of the twenty amputations at the hip-joint in the French army, twelve were done in the Crimea, and eight at the hospital at the Bosphorus. Five primary and eight intermediate or early secondary amputations were performed by the operators, MM. Paulet, Lustreman, Thomas, Perrin, Mourrier, Legouest, Lariviere, Mauger, and Salleron. In addition, seven primary coxo-femoral amputations were performed by the French surgeons in the Crimea, of which no memoranda were preserved. None of these patients survived the operation twenty-four hours; in consequence they do not appear on the register.

Nine amputations at the hip-joint, for gunshot injury, were performed during the Italian war of 1859. A primary

operation by Bertherand, a French surgeon, terminated fatally in three hours. In two more primary operations, reported by Demme, death resulted from hemorrhage during the operation. In two other cases, the patients survived the shock of the operation but a short time. A secondary operation, by Isnard, at a hospital at Brescia, succeeded, and the patient was able to get about on an artificial limb. Neudörfer also had a successful secondary operation at the Santo Spirito Hospital at Verona. Two patients who were sent to Toulon were operated on by M. Jules Roup and M. Arland, about six months after the reception of the injury in each case, and they both recovered.

Two hip-joint operations were performed in the French naval service during the Crimean or Italian wars successfully.

Setting aside doubtful or unauthenticated cases, there have been enumerated in the foregoing summary one hundred and eight amputations at the hip-joint, performed on account of gunshot injuries or their consecutive lesions. Admitting Larrey's case at Borodino to have been successful, the recoveries were ten in number—one after a primary, four after intermediate, and five after secondary operations—a percentage of mortality of 91.66.

Except in the references to the cases of Kerr, and the alleged cases of Lacroix, Perault, and Thomson, introduced in tracing the early history of this operation, notice has only been taken, in the preceding retrospect, of examples of the operation occurring in the domain of military surgery. Yet the results of the amputations at the hip-joint done in civil practice, especially for such as were performed on account of injury, unquestionably exerted much influence upon the minds of military surgeons in their estimate of the accidents of war.



## Case in Practice.\*

BY N. F. MARSH, M. D.

I WAS called on, the evening of June 22, to see a child eleven months of age; found it with weak and feeble pulse, the whole abdomen hard and tumid, the false ribs of the right side somewhat thrown up and pressed out, countenance pale with a clammy sweat upon the forehead, child moaning all the time; had not slept for three days. Upon examination, I found a small hard tumor, situated between the third and fourth false ribs, which I pronounced an abscess forming upon the liver.

The mother informed me that, soon after the birth of the child, there appeared an eruption upon the skin resembling salt rheum, which spread over the whole surface of the body, and had remained upon the surface more or less until about six weeks previous; that the child had seemed to be well and grew finely; had had five or six swellings upon the leg, like deep-seated boils, all of which save one had broken, and discharged pus—healing again rapidly. That about six weeks ago, Dr. H—— had applied an ointment that drove the rash in in twelve hours; that the child had been sick and under treatment since, and seemed to be failing all the time.

I prescribed Tinct. Gelseminum drops ij

Sulphate Morphia grs  $\frac{1}{8}$

every three hours to produce sleep and remove the pain.

R. Podophyllin . . grs  $\frac{1}{8}$

Leptandrin . . . “  $\frac{1}{4}$

Sub-nitrate Bismuth “  $\frac{1}{4}$

to be given every three hours until free cartharsis should be produced; also ordered warm fomentations over the bowels.

*June 23d.* The child has slept some this morning, and seems much easier, does not moan so constantly. Bowels moved twice this afternoon.

Continued the gelseminum and morphia, directing the

\* Reported to the Eclectic Medical Society, 32d Senatorial District, N. Y., January 8th, 1868.

mother to discontinue as soon as symptoms of narcotism should appear.

Prescribed the following as an alterative :

|    |                                     |          |
|----|-------------------------------------|----------|
| R. | Fluid Ext. of Stillingia            | } aa ʒ j |
|    | “ “ “ Sarsaparilla                  |          |
|    | “ “ “ Yellow Dock ʒ                 |          |
|    | Simple Syrup, ʒ v.                  |          |
|    | Iodide of Potassium dissolved, ʒ j. |          |

Mix. Dose one spoonful four times a day, and applied a poultice of flaxseed over the tumor.

*June 25th.* Swelling much enlarged and looks like pointing; continued the treatment as above, giving Chlorate of Potash ʒ j., water 3 oz., one teaspoonful every six hours, as a gentle stimulant to the kidneys.

*June 27th.* Bowels soft and regular; child rests more quiet. Continued this treatment with little or no alteration in the symptoms, except abscess gradually enlarging with slight fluctuations, as if pus was forming, until July 9th, when Dr. M. M. Fenner was called in consultation, the abscess being full and fluctuation well marked, yet not sufficiently developed to demand puncturing. On the 11th of July I introduced a bistoury into contents of sack, which discharged about one pint of thin, unhealthy, and fetid pus, of a yellowish-brown color.

Continued the alterative syrup, and gave

|                         |      |        |
|-------------------------|------|--------|
| Tinct. Chloride of Iron | 3    | ij.    |
| Sulphate Quinine        | grs. | x.     |
| Simple Syrup            | ʒ    | viiij. |

Mix. Dose one teaspoonful four times a day, alternating with the syrup.

The patient improved rapidly under the treatment for two weeks, when the abdomen commenced pointing again, the orifice first made still open and discharging every day.

*July 21st.* I again lanced the abscess, it discharging a pint of thick grayish-looking pus, less fetid than before. Continued the treatment as above

Aug. 1st. Discharged the patient cured, since which time child has continued well, with the exception of slight traces of the eruption appearing upon the skin.

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### A "Wonderful Case."

A MOTHER CHANGES TO A MAN AND BECOMES THE FATHER OF CHILDREN.

A CORRESPONDENT (says the *La Crosse Democrat*) writes us from Waterloo, Iowa, asking if we know of one Edgar Burnham, and of his history.

We do. And as it is a strange, true one, known to hundreds, we give it in the *Democrat* as it is, that we may correct some errors those who speak of him have fallen into. Eight years since, when we were engaged as city editor of a Milwaukee paper, there lived in this State an editor named Powell, now connected with a Chicago paper, we think; he is, unless he has quit it lately.

In 1862, Powell was married to a Miss Ellen Burnham, of Broadhead, Wisconsin, after a courtship of some months. Miss Burnham's parents were old residents of Broadhead, and of high respectability. The daughter taught music, had a large number of pupils, and was very attractive. Powell lived with her as a husband two years, she being all that time a good wife in all respects, presenting him with but one child. At the expiration of two years, when about 21 years of age, Mrs. Powell's voice changed, she grew light whiskers, and gradually changed her sex, developing into a man, in all respects, as if nature, anxious for a freak, had changed a portion of herself wrongside out.

The husband and wife separated when the wife became a man, and Mrs. Ellen Powell took the name of Edgar Burnham, donned male attire, sought and obtained employment as a clerk in Chicago, and lived a single young man for one year.

During this time he fell in love with a niece of Senator Morgan, of New York, but did not marry her, for reasons not pertinent to this article. About the end of the year he did marry a young lady of Broadhead, Wis., a Miss Gerta Everett, who was a music pupil of his when he was a Miss Ellen Burnham, over three years previous to the marriage. This second marriage was about two years ago. Soon after this

marriage "Edgar" Burnham and wife removed to Waterloo, Iowa, where they now reside, or did not long since.

The former girl is now a man, the former wife is now a husband, the former mother is now a father, the former young lady-teacher of a young lady is now that young lady's husband! Truth is, indeed, stranger than fiction, and the above simple statement of facts borders so upon the marvellous we could not believe it did we not, personally, know nearly all the parties.

Any one can be convinced, by writing to the parties in either of the places we have named, of the full and entire truth of this most wonderful transformation, which puzzles not only the medical but the entire scientific world, and which fact appears now for the first time in print, though the particulars have long been known to us and to many other newspaper men, and prominent citizens of this State, as to nearly all the citizens of Broadhead, where the parties so long resided.

The above story has been going the rounds of the papers, and has excited considerable interest. As it was rather too severe a tax on our credulity, we instituted inquiries in order to ascertain the precise facts of the case. We make the following extracts from a letter which was addressed to one of our most prominent and respected citizens, in response to an inquiry of his, from a resident of Broadhead, who is well acquainted with the parties. He is a gentleman of the highest, most unquestionable veracity, and this plain statement of facts will, in a great measure, dispel the air of mystery which surrounds the case. (ED. REV.)

\* \* \* \*

BROADHEAD, *January 20, 1868.*

DEAR SIR—The wonderful story which is making such a sensation is an old one to us, and is true, with the exception of two or three points, and the *points* which give it so much mystery, viz: This person never was a *mother* or a *father*, or ever likely to be. I am well acquainted with all the parties. This Edgar Burnham at birth was supposed to be a female child, as the passage of the water was similar to a female, and no male organs at that time were apparent. She was brought up as a girl, and young lady, till her, or *his*, marriage with Powell. They lived together as man and wife some two years, when, lo and behold! the *male organs* began to de-



velop themselves. When this took place, they separated, and Mrs. Powell, who was so called, went to Chicago with her father, and passed an examination by one of the first physicians, and was declared to be a male person, with the natural organs being fast developed. At this time he took on male attire, and clerked it in a drug store for some time in Chicago, and when he came back here, was a fine looking young man *with whiskers*. He shunned society, of course.

\* \* \* \* \*

He has been married some time to the person named, but they have no children, and I do not see how they can very well, as the passage for the water is at the *root of the penis*, instead of through it, which, with the testicles being inside instead of outside, is all the malformation there is in the case.

Yours respectfully,

\* \* \* \*

Instances of sexual ambiguity are by no means rare. Under the somewhat vague and indefinite term, Hermaphroditism, are included not only those cases in which the attributes of both sexes seem to be united, but also those cases where, from some malformation or deficiency of development of the external organs of generation, the sex of the individual is rendered doubtful. True hermaphroditism, or the actual blending of perfect male and female reproductive organs in the same individual, must be considered as an anatomical and physiological impossibility, but there are numerous well-authenticated cases in which some of the genital organs and distinctive sexual characteristics, both of male and female, actually coexisted.

It is not always possible to discriminate between true and spurious hermaphroditism, from an examination of the external genitals. The subject of the above notice is no doubt a *hypospadiac* male. Of all forms of spurious hermaphroditism this is, by far, the most common. There are on record numerous curious examples of mistakes having been committed with regard to the sex of males affected with this species of malformation. We will instance one or two which, in some points, are not dissimilar to the one under consideration. Scheinkard has recorded an instance of a person who was baptized and brought up as a female, and whose true sex was

at last disclosed by his requesting, at the age of 49, permission to marry a young woman then pregnant by him. On examination, it was discovered that the penis was slender and scarcely two inches long. The right testicle only had descended into the scrotum, and the urethra opened at the root of the penis, but its orifice was placed in such a manner that during micturition the urine was thrown along the groove or channel on the under surface of the penis, so as to appear to issue from its anterior extremity. The two halves of the scrotum were so far united that they left only a small oval opening between the anterior part of the raphé and the crura of the corpora cavernosa: in this opening the orifice of the urethra was situated.

Otto has described a case of this species of hermaphroditism in an individual whose history is remarkable. This person had lived ten years in a state of wedlock with three different men, but at the age of 35, an action for divorce was brought against her by her third husband, accusing her of being affected with some disease of the sexual parts, rendering the connubial act on his part extremely difficult and painful. She was subjected to an examination by several eminent medical men, who decided that she was, in reality, a male. It may be remarked that the general configuration of this individual was strong, muscular, and meagre—the beard thin and soft—the face, mammæ, thorax, pelvis, and extremities, were of the masculine rather than of the feminine type. (ED. REVIEW.)

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## PERISCOPE.

### *Temperament in Syphilis.*

“In a paper read at a recent meeting of the Harveian Society, Dr. Meredyth entered on a question of the influence of temperament in syphilis, and summed up his observations as follows: That the syphilitic virus is immediately absorbed on infection; that its first action on the organism is the molecular disintegration of the blood-corpuscles by catalysis, from which results an anæmia in the early and a cachexia in the last stage, caused by the exhaustion of the animal machine arising from the sustained efforts of an enfeebled

organism to eliminate a destructive element in the tissues and repair their organization; that syphilitic lesions consist in a molecular disintegration of the tissues; that on the relative strength or weakness of the constitution depends the intensity of the accidents of the disease; on the temperament the form, on the idiosyncrasies the particular direction, of the virus; that syphilis can only be cured by the elimination of the virus by Nature's power, but that it is the province and within the scope of art to aid and promote her salutary efforts; and, lastly, that all so-called specifics are powerless to modify, counteract, or destroy the specific properties of the virus, but all are powerful when directed against the accidents due to its special action on the tissues."—*Lancet*.

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*Ligature of the Lingual Arteries.*

M. DEMARQUAY, the distinguished surgeon of the Maison Municipale, has recently presented to the Academy of Medicine of Paris an interesting communication on the subject of ligature of the lingual artery. After having given the history of twelve cases, in eight of which he operated himself, the other four having been collected from various sources, the author comes to the conclusion that ligature of the lingual arteries is not a difficult proceeding, and that the occasion for the performance of it is by no means of rare occurrence. Ligature of the arteries of the tongue has often been necessary in order to arrest hæmorrhage, and the observation of this fact suggested to M. Demarquay the advisability of applying the ligature in the removal of large and deeply-seated tumors of the tongue. The results of his operations have borne out this view. Demarquay has, however, carried his experiments further, and has used the operation for other purposes than that of merely arresting hæmorrhage. And herein consists the chief interest of his memoir. The ligature of both arteries of the tongue has been attempted with the view of bringing on atrophy of cancerous tumors of the organ, and, as a consequence, of prolonging the life of the patients. This experiment has been crowned with success, and in all the cases (amounting to three) the object was completely attained; while the sequelæ of the operation were of a most simple kind, and caused no inconvenience save temporary dysphagia, due to the proximity of the artery to the pharynx. In every case the wound was said to have healed easily and rapidly.—*London Lancet*.

*Epsom Salt in Citrate of Magnesia Solution.*

My attention has been directed to an article labeled "Effervescent Solution of Cit. Magnesia," extensively manufactured and sold by a firm in this city. An analysis of this preparation shows Epsom Salt among its constituents, and upon which its efficacy mainly depends.

Resulting from this investigation, I have constructed a formula with such additions and alterations as might seem to make it complete, when it may be desirable and necessary for the physician to prescribe such an article.

It is as follows:

|    |                         |          |
|----|-------------------------|----------|
| R. | Acid. Citric, . . . .   | ℥j (Av.) |
|    | Magnesiae, Calcin., . . | 3½ oz. " |
|    | " Sulph., . . . .       | 6 " "    |
|    | Aquæ Puræ, . . . .      | Conj. j. |

The above ingredients may be thrown together in a bottle, and occasionally shaken until dissolved, then filter.

As it affords a permanent solution, any quantity desirable may be prepared at a time, or as called for, if preferred, by taking of the above solution, to each bottle, four fluid ounces; lemon syrup, ten drachms; bicarbonate of potash, one-half drachm; fill conveniently full of water, and securely cork.

The syrup and flavor, with the excess of acid, serves to cover very effectually the disagreeable taste of the sulphate of magnesia. This solution, which contains about half the quantity of citrate of magnesia intended by the official formula, affords an active purgative in full doses, without the embarrassment occasionally produced upon the stomach by the official preparation, and to this may be added the advantages of permanence and economy afforded by this formula.  
—*Am. Jour. Phar.*

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*Veratrum Album and Veratrum Viride.*

M. OULMONT is reported, in the *Union Medicale*, as having compared the veratrum album of Europe with the veratrum viride of this country. The two varieties, he says, differ only in a few botanical and pharmacological characters, and the action of the veratrum album upon the various functions and on divers animals is the same as that of the veratrum viride. The former has, however, a more violent action upon the alimentary canal, where it always leaves



traces of active inflammation. The killing power of the veratrum album is twice that of the V. viride.

Comparing the physiological action of *veratrine* with that of veratrum viride, M. Oulmont concludes that the alkaloid, which enters, in a notable proportion, into the composition of the veratrum, is not the active principle; and his conclusion is confirmed by an experiment made upon a rabbit with veratrum viride deprived of its veratrine. The phenomena were the same as those produced by the veratrum viride pure and entire.—*Boston Medical and Surgical Journal*.

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*On Anæsthetics.*

Dr. W. R. WHITEHEAD read a paper upon "The Prevention of Fatal Anæsthesia from Chloroform by the use of Alcoholic Stimulants." We have only space for the more salient points. The object of the communication is to show that when stimulus is administered in moderate doses before giving chloroform, the fatal tendency of the latter is very much diminished. He was first impressed with the necessity of this precaution while a surgeon in the Russian army, during the siege of Sebastopol, and more recently during our late civil war. He has found his army experience confirmed from the observations of his civil practice. The Doctor never witnessed a fatal accident from the inhalation of chloroform during the Crimean war. The Russians observed unusual precautions in giving the agent, and to this fact, perhaps, their unusual exemption from accidents is due. The Doctor then alluded to the great carelessness with which chloroform is too frequently given, familiarity with the agent having rendered the most prudent less cautious. It is not unusual to see the pulse neglected, while all are engrossed in the operation, until some alarming symptom startles the attendants to a sense of their duty, possibly when too late to revive the sinking forces of the nervous system, which have been suddenly and incautiously overwhelmed by an injudicious administration of the anæsthetic. The author maintains that such an effect is more readily produced if the circulatory system has not been previously stimulated by the moderate use of an arterial stimulant, such as brandy, which prevents the narcotic effects of the chloroform from going beyond the limits of reaction. In the giving of chloroform, two things are especially to be guarded against—*prolonged inhalation*, and *excessive loss of blood* during an operation, which will

inevitably deprive the system of the necessary force to resist much depression. In these cases the patient, it is true, may not die on the operating table, but succumbs a few hours afterward or the next day. A question of importance here arises—how far would previous stimulation of the system by brandy have acted in averting the gradual ebbing away of life? The Doctor then gave certain facts which very strongly support his theory. During his military service in our civil war, he observed two fatal cases where every precaution had been employed in the giving of chloroform—and in addition to these, many others where very alarming symptoms ensued from the same cause. In none of these cases was stimulus previously used. Finally, after a few hours delay, some whisky was obtained, and the operations proceeded without any further trouble from the effects of the chloroform. The same chloroform was used after, as before the accidents, and all were forcibly impressed with the preventive effect which the whisky exerted. Upon the same principle the mixed vapors of alcohol and chloroform are safer than the vapor of chloroform alone. SANSOM fully recognizes the influence of the alcohol vapor in counteracting depression of the heart's action by the chloroform and ether vapors. He states that he has found in his experiments "that alcohol has had the greatest effect in sustaining the heart's action during the influence of chloroform." Dr. WHITEHEAD further makes the important statement that in none of the recorded cases of death from chloroform has he been able to find that stimulus had been given before the inhalation of the anæsthetic vapor, and adds the testimony of others to that of his own in favor of such a practice.—*Medical and Surgical Reporter.*

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*New Treatment for Tænia.*

A novel method of expelling tape-worms is adopted by Dr. LORTET. While recognizing the value of oil of male fern, and other anthelmintics, he is, nevertheless, looking after something better to give in those intractable cases in which the usual remedies may have been vainly used. Dr. LORTET has administered in a few cases, sulphuric ether, which acts upon the worm as it does upon man, that is, renders it insensible. Shortly after the exhibition of the ether, a mild purgative is given. The plan is to give five drachms of ether at a dose, and to follow it in two hours by an ounce of castor-oil. The worm is discharged without causing pain, entire or almost so, and always with the cephalic end intact.

Though but few have been subjected to this treatment, yet its uniform success, even in two instances where other means had failed, make it worthy of notice.

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*Yellow Fever in New Orleans in 1867.*

The following statement, which we take from the *New Orleans Med. and Surg. Journ.* for Nov. 1867, furnishes us with the characteristics of the epidemic which has prevailed in New Orleans the past season:—

“Each manifestation of an epidemic disease presents individual traits, to distinguish it from others of the same malady; and the yellow fever of 1867 will be long remembered for its well-marked peculiarities. We have before spoken of the early appearance of sporadic cases, and its late establishment in an epidemic form. The mildness of the type generally prevalent here was alluded to, as well as its inclusion of negroes among its subjects. To a confirmation of these traits it may now be added, that this epidemic of the fever is the most sweeping one ever known in the history of our city. No class of the population can this year claim or expect exemption from its ravages. It was generally supposed that natives of the city enjoyed an immunity, and that those born and raised in the vicinity possessed it in proportion to their contiguity. It was also believed that one attack was a fair guarantee against all future danger from the fever. This year it has violated these precedents most incontestably, and in numerous instances. Infants at the breast have appeared to be almost as susceptible to the infection as any other people, though most have experienced very light attacks; but bad cases have not been wanting, and, in the writer’s practice lately, occurred a case of black vomit in an infant only one month old.

“Secondary attacks, formerly considered rare exceptions, have this year been found numerous and well attested. Even some who were known to have the fever in 1853, have again had well-marked attacks. It is to be remarked, however, that these secondary cases have been, almost without exception, tractable ones, and have terminated favorably. The absence of large numbers from the city during the war is supposed to have cost them the immunity previously acquired, and rendered them measurably susceptible again to the infection.

“We are not aware that any new light has been thrown

upon the vexed questions of contagion and portability, nor that its introduction from abroad has been established with any degree of credibility. The quarantine has been maintained throughout the epidemic, at the mouth of the river, and it is certain that, under the present system, it has proved inoperative to debar the disease. Whether any different system would be more efficacious is yet problematical, and it does not seem probable that the question will soon be decided."

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## EDITORIAL.

### American Eclectic Medical Register for 1868.

THE first volume of this work contains a list of every State Eclectic Medical Society in this country, so far as could be obtained, and every County and District Auxiliary Society, together with the Constitutions and By-Laws, and the names of their officers and members and the times and places of all their meetings. It also contains a complete list of our standard Eclectic Medical works as used in our professional schools and libraries, together with a list of our colleges and the names of their Faculties. It also contains a summary of the proceedings of many of the State Eclectic Medical Societies, and will embody them all so far as they can be obtained hereafter. It contains much other valuable statistical matter connected with the origin, progress, and present status of Eclectic Medicine in this country, and will be found indispensable to every Eclectic practitioner. The first volume of the Register will be necessarily less perfect than we could wish, but as a beginning had to be made, we have done the best that we could under the circumstances. On presenting the Register to the profession, we take the liberty to ask contributions from all our fellow-practitioners calculated to make the work as perfect and satisfactory as possible. It will also contain the professional cards of all who report to the Register. We mean to make this work superior to anything of the kind ever published, and permanent.

The work was promised in October last, but we found it impossible from various causes to get it ready until now. The second volume will appear on or before the 1st January, 1869. Price of the Register \$2, free of postage.



### Eclectic Medical Society of the State of New York.

It will be seen from the abstract of the proceedings published in this number of the Review that this meeting was largely attended, and the most interesting and profitable ever held in this State. Much of the business that was transacted will be more fully reported in our next number.

It is desirable that every Eclectic physician in the State become a member of the State or Auxiliary Societies.

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### Eclectic Medical College of the City of New York.

THE spring session of this institution commences on Monday, February 17th, 1868. By an arrangement made by the Board of Trustees and Faculty, a system of scholarships has been established.

The payment of \$150 in advance will entitle the student to attend as many courses of lectures in this institution as he chooses. As the students of this institution enjoy the advantages of all the hospitals of this city, many of our older practitioners find it to their interest to avail themselves of these opportunities for clinical instruction. The indications are that we will have a large class.

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### Brown & Herrick's Acupuncture Instrument.

WE have been shown the instrument invented by Dr. Brown, of Albion, Michigan, for the application of medicines subcutaneously, and think his instrument superior to any of the kind heretofore brought to our notice. Each needle consists of two blades, so arranged that the fluid is given off at the point, and is deposited under the cuticle; is readily absorbed by the blood-vessels in the *cutis vera*, and thereby passes, at once, into the circulation. They claim that by this means, not only a counter-irritating effect may be produced, but that positive remedial agents may be administered more speedily and agreeably than by the mouth. We have not given the instrument a trial, but think it may be valuable in many cases.

They also prepare, accompanying the instruments, certain fluids, the composition of which they publish in their circular, and which will be given to every physician, on application. These preparations

have been tested by them, and full particulars, regarding their application, are given in the directions furnished with the instrument. They profess to manufacture them of the purest materials, and to be able to supply physicians at less cost than they can be compounded, in small quantities, as the practitioner may need.

As a means of counter-irritation, we think the instrument may be very valuable, and by combining constitutional treatment, on the plan of subcutaneous injections, it may prove a most powerful agent as a remedial measure.

Agents have already been established in the principal cities. It may be obtained in New York of Messrs. Hart & Day, 221 East 26th street. Price, including book and three bottles of medicine, \$20.

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#### Acknowledgment.

THE Trustees of the Eclectic Medical Dispensary of the city of New York, take this means of acknowledging their indebtedness to Dr. R. E. Kunge, 377 Eighth Avenue, for a most liberal donation of medicines, comprising a variety of valuable tinctures, syrups, medical supplies, together with a number of his own preparations, which have a deservedly high reputation wherever they are known. The Dispensary is in fine working order, and, as appears from the recent annual report of the Trustees, has been the means of ministering to the needs of a very large number of patients during the year. This, we believe, is the only Dispensary in the city where medicines are supplied to the poor, free of charge. All donations of medicines for this beneficent purpose, will be thankfully received and duly acknowledged.

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#### Lectures on Pharmacy.

It affords us pleasure to announce that, by a recent resolution of the Faculty, Dr. James Day, of this city, has been invited and consented to deliver a series of lectures to the present class on the subjects of Practical Pharmacy and Microscopy. Mr. Day is a graduate of Apothecary's Hall, London, was a student under Brande, and in this country had been associated in the laboratory with Prof. Sanders. He now has charge of the pharmaceutical department of the Empire

Chemical Laboratory of Messrs. C. T. Hart & Co., and demonstrates, by the character of his preparations, that he is complete master of his profession; and we think the Faculty have acted wisely in securing his services as a lecturer on Pharmacy—a subject usually too much neglected in our medical schools. We think, hereafter, this will be made permanently a branch of instruction in the Eclectic Medical College of this city. For a number of years past Mr. Day has also given special attention to the microscopical and chemical analysis of the urine, and we feel assured that his lectures on this subject will be of much practical benefit and interest to the students. Nothing has had a greater influence in establishing the Eclectic system of medicine in this country than the wonderful improvement that has been made in our *Materia Medica* and Pharmacy, and our schools of medicine and practitioners generally should lend their aid and influence in this special subject.

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## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

ON THE PATHOLOGY AND TREATMENT OF ALBUMINURIA, BY WILLIAM H. DICKINSON, M.D., CANTAB., FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; ASSISTANT PHYSICIAN TO ST. GEORGE'S HOSPITAL, AND TO THE HOSPITAL FOR SICK CHILDREN. LONDON: LONGMANS, GREEN & Co., 1868.—*pp.* 265.

THIS valuable work, which has just been issued from the London press, embraces, in its design, a consideration of those disorders of the kidney which are made known, during life, by the presence of Albumen in the urine. The general plan and arrangement of the work cannot be too much admired. In previous treatises on Renal diseases, the attempts to classify the various conditions of the kidney found in Albuminuria, and to group the points of resemblance between the different varieties, have only resulted in a confusion of nomenclature.

The multiplicity of subdivisions and fanciful distinctions with which this part of medical literature has been burdened, has only served to involve the subject in still greater obscurity. Profiting by the researches and investigations of others, who have made this subject a special study, Dr. Dickinson has added to them observations of his own, based upon an examination of the kidneys, and the clinical record of several hundred cases which terminated fatally in St. George's Hospital, and, without exceeding the limits of practical utility, has presented, clearly and concisely, all the essential facts which are known in regard to the subject. He adopts a simple and

natural classification of the diseases, of which Albuminuria is pathognomonic—according to the suggestions of morbid anatomy and clinical observations—and bases his pathological conclusions upon the array of facts which bear directly upon the subject, rather than upon the opinions and ingenious speculations of those who have preceded him in this field of inquiry.

He considers that the organic derangement to which the kidneys are liable, authorize the establishment of three varieties, or rather of three completely separate forms of diseased structure, viz. : Tubular Nephritis, Granular Degeneration, and Depurative Infiltration. After making this simple classification of the pathological states of these organs, and indicating the broad distinctions which characterize and separate these different affections, he enters into a detailed account of each. His whole presentation of the subject is singularly clear and lucid. We cannot, perhaps, better indicate the practical utility of the work, than by glancing at the contents.

*Chapter I.*—Is taken up chiefly with a description of the component parts of the kidneys, the variations of Renal structure which may be consistent with health, and those which may be relied on as evidences of diseased action, together with a classification of renal diseases.

In *Chapter II.* he considers albuminous urine and fibrinous cysts in their general relation to the pathology of the kidney.

*Chapter III. to XIII.*, inclusive, are occupied with a consideration of the pathology, clinical history, causes, and treatment of these diseases, in detail. He enters into an examination of their special symptoms, predisposing and exciting causes, duration and sequelæ, while cases in point are given, illustrating the symptoms and pathology, the origin, progress, and treatment of the disease.

*Chapter XIV.*—Comparative view of the three diseases which have been considered.

*Chapter XV.*—State of the blood in albuminuria, and the symptoms which result from changes in its composition.

In *Chapter XVI.* he considers alcohol as a cause of Renal disease and corrects a very common error upon this point. The generally prevalent opinion among medical men has always been, that a large proportion of Renal disorders is referable, in a greater or less degree, to intemperance. But, from a careful comparison of the statistical results of *post mortem* examinations upon a large number of individuals of inebriate habits, who had died suddenly or in a fit of delirium tremens, he proves, conclusively, that of all the structures the kidneys are the least liable to be affected by the use of alcohol. His general conclusion is that, "in accordance with what has been derived from pathological observations, the use of alcoholic drinks is comparatively inoperative as causing disease of the kidneys."

*Chapter XVII.*—Treats of climate in relation to Renal disease. It must be acknowledged that any attempt to determine the geographical distribution of Renal disease, from the meagre and limited observations which have been made, is somewhat hazardous. Dr.



Dickinson has exhibited the most judicious skill in collating the army medical reports, and reports of the Registrar General for England and Scotland, and comparing them with the conclusions of individual observers. We may sum up in a few words his conclusions in regard to the effects of climate on the development of albuminuria, that as "a primary disorder, albuminuria is most frequent in temperate climates," that "it is quite rare in cold climates," that "it diminishes towards the tropics," and that "variability of temperature promotes Renal diseases."

A notice of this work would be incomplete without reference to a most admirable feature, viz.: the colored drawings of the microscopic appearances of sections of the kidney and urinary deposits. They are executed in the highest style of art, and are true to nature, as every one will testify who is familiar with microscopic examinations of the morbid anatomy of the kidneys. The work is gotten up in the usual excellent style of the celebrated publishers.

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## NEWS AND MISCELLANY.

**IODINE INHALATION IN DIPHTHERIA.**—Mr. J. Waring Curran (*Lancet*) extols the inhalation of iodine in diphtheria, and claims for it the property of arresting the development of the membrane. He thus speaks of its employment:—

The formula which I employ for inhalation purposes is the same as that formerly used by Sir Charles Scudamore in pulmonary phthisis—viz.: Iodine, iodide of potassium, of each four grains; alcohol, four drachms; water, four ounces. Of this, for each inhalation, commencing, I take a drachm; add to it a pint of vinegar infused with a handful of dried garden sage, placed in a common inhaling jar, steadily increasing the quantity of iodine solution until I arrive at half an ounce each inhalation. The circumstances of the case, the age and strength of the patient, and the severity or mildness of the attack, guide me with regard to the number of inhalations, and the time occupied by each. For an average case, occurring in a healthy patient, I would say twelve inhalations at least per diem, with eight to twelve minutes (an interval allowed to rest) for each. The loss of valuable time in country practice, occasionally, will not permit the delay of sending and waiting for an apparatus; accordingly not unfrequently I have been compelled to make my inhalation in the following manner: Having boiled the vinegar and sage, place it in a teapot with a long spout, and when the patient is prepared to inhale, add the iodine, cover the lid of the vessel with a cloth, keep up the temperature by a spirit-lamp placed underneath, and holding the vessel by the handle, allow the patient to inhale through the spout. Laryngeal irritation

is in a great measure prevented by the small quantity at first used, through the patient becoming gradually accustomed to it.

CHLORATE OF POTASH INJECTIONS IN VESICAL CATARRH.—Vesical catarrh of a year's standing has been cured (*Southern Jour. Med. Sciences*), by injecting the bladder daily with four to six ounces of solution of chlorate of potash, one drachm to eight ounces of water, retained half an hour to an hour. The patient was a female, who had suffered greatly from the disease.

INCOMPATIBILITY OF POT. IODID. AND POTASS. CHLORAT.—This is an important point in practice, for in syphilis, to act at the same time upon the ulceration of the mouth and the general malady, chlorat. potass. and pot. iodid. are frequently given. This practice is dangerous, as has been demonstrated by M. Vée; for the chlorate of potash, absorbed simultaneously with the iodide of potassium, may part with its oxygen, and transform it into the iodate, a poisonous agent. The recent experience of M. Melsen's proves the possibility of this transformation.

This ought to suffice to prevent, were it only as a precautionary measure, the simultaneous administration of the chlorate of potash and the iodide of potassium.—*Gazette Méd. de Paris*.

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#### ABSTRACT OF THE PROCEEDINGS OF THE ECLECTIC MEDICAL SOCIETY OF NEW YORK.

THE New York State Eclectic Medical Society met at Albany on Wednesday, the 15th day of January, 1868.

The meeting was called to order by the President, Dr. Wm. W. Hadley, of New York, and opened by prayer by the Rev. Mr. Bridgman, of Albany.

An amendment was adopted to the Constitution of the Society, fixing the last Wednesday of January in each year as the time of the annual meeting.

The Secretary, Professor Paul W. Allen, made his annual report.

Drs. A. W. Russell, J. A. Martin, and Harmon Pease were appointed a Committee on Delegates.

A resolution was adopted, on motion of Professor R. S. Newton, inviting His Excellency, Governor Fenton, and the members of the Constitutional Convention and Legislature, to be present at the meeting of the Society in the Assembly Chamber.

Drs. M. M. Fenner, D. E. Smith, and A. W. Russell were appointed a committee for that purpose.

A resolution of thanks to Hon. John O'Donnell, Hon. Walter L. Sessions, Hon. Edmund L. Pitts, Hon. Mark D. Wilbur, Hon. B. F. Bruce, and Alexander Wilder, M. D., for their friendly offices in behalf of the Society in the Legislature of 1867, was adopted.

The Board of Censors reported favorably to the election of several new members, who were accordingly elected.

Among the number was Mrs. M. B. Hayden, M. D., of New York, the first woman ever elected a member of a State medical association.

Hon. John O'Donnell, of the Senate, appeared in the Convention, and was introduced by Vice-President Dr. L. Stanton. He responded, assuring his sympathy with the objects of the Society.

The Convention took a recess for dinner.

An Essay on Eclectic Medicine was read by Dr. Pease. Prof. R. S. Newton read a paper on Cancer. He declared that Cancer was a local rather than a constitutional disease—a parasite, like the mistletoe upon the oak. He related the particulars of the successful treatment of fungus hematodes, or “rose cancer,” by himself.

Dr. D. E. Smith, of Brooklyn, also read a paper.

Dr. R. W. Geddes, delegate from Massachusetts, gave a sketch of Eclectic medicine in New England.

Dr. Lyman Stanton, of Copenhagen, spoke of the reformed practice in the Eighteenth Senate district.

Dr. J. C. Frost, of Syracuse, also delivered an address in favor of sending students to the Eclectic Medical College of the city of New York.

Dr. A. Wilder, President of the Board of Trustees, addressed the Society in behalf of the Eclectic Medical College, and the importance of a higher standard of scientific attainment.

Dr. D. E. Smith, of Brooklyn, spoke of the successful use of chlorinated soda for membranous croup.

Dr. Comins, of New York, also spoke of the chlorinated soda in diphtheria, in dissolving the false membrane and permanently relieving the symptoms. He explained the mode of application.

Prof. Allen, of New York, also spoke on the same subject. He also explained the mode of preparing and administering sanguinaria, chlorinated soda. The acetous preparation of sanguinaria, he declared to be specific in croup.

Prof. C. T. Hart, of New York, explained the use of creosote in dysentery. He believed it to be a specific. He also spoke of croup, and the most efficient modes of treatment.

Dr. M. M. Fenner, of Jamestown, spoke on the use of carbolic acid in diseases of the skin, and especially in that annoying and inveterate form of itch known as Prairie itch.

Several others spoke, after which the committee rose and reported progress.

The evening session was held in the Assembly Chamber. Hon. E. L. Pitts had been invited to preside. Prof. Paul W. Allen, Professor of Theory and Practice of Medicine in the Eclectic Medical College of the city of New York, delivered the annual address, upon the subject of “Eclectic Medicine, its History and Future.”

Among the distinguished personages present were His Excellency Governor Fenton, Hon. A. F. Allen, of Jamestown, and other mem-

bers of the Constitutional Convention, members of the State Senate and Assembly, and others.

The Society adjourned to meet again next morning at the Delavan House. Its Annual Report to the Legislature contains a number of important papers upon Reformed practice, and new remedies which the Eclectic Physicians have introduced into the *Materia Medica*.

THURSDAY, January 16, 1868.

The Society convened this morning, the President, Dr. Hadley, in the chair.

On motion of Dr. D. E. Smith, of Brooklyn, it was resolved that the annual address and proceedings of this meeting be made a part of the transactions for the volume of 1867.

Report on Eclectic Medical Literature was made by Dr. M. M. Fenner, of Jamestown.

Dr. Smith moved the publication of one thousand copies of Prof. Allen's annual address for the use of the Society, which was carried.

Prof. Robert S. Newton, of New York, presented the first volume of the American Eclectic Medical Register for 1868. He made remarks upon the duty of physicians to support their journals and other publications by pecuniary aid and literary contributions.

Dr. Tuttle, of Poughkeepsie, supported Dr. Newton.

Dr. H. C. Cooper, of New York, read a valuable paper on *Educts vs. Products*, from Dr. James Day, of New York.

Prof. C. T. Hart, of New York, made extended remarks on the same subject.

Prof. E. Freeman, of New York, reported an important case of surgical operation, successfully performed by himself, of excision of the upper jaw for cancer.

Remarks were made on the duty of sustaining the Eclectic College of New York, and repudiating connection with spurious institutions, by Drs. Frost, Hamilton, Russell, Freeman and Newton.

Resolutions were offered by Prof. Newton, continuing the Committees on the National Eclectic Medical Association and National Eclectic Pharmacopœia. Also, one requesting His Excellency the Governor to appoint at least one Eclectic physician on the Board of Health of New York City, in his subsequent appointments to that body. Unanimously adopted.

By Resolution, the present officers were continued until the next annual meeting.

The following preamble and resolutions were offered by Dr. M. M. Fenner:

*Whereas*, Illicit and demoralizing advertisements of medicines and nostrums abound in the public journals of the day, tending to deceive the public and degrade the practice of medicine; and

*Whereas*, Uneducated medical pretenders are numerous in every part of the country, boasting of their ability to effect cures, and thus disappointing the hopes of their patrons and swindling the public: therefore



*Resolved*, That the Eclectic Medical Society of the State of New York insist upon elevating the standard of medical attainment, and its discouraging of empiricism in whatever guise it may appear.

*Resolved*, That the publication of demoralizing advertisements in the public journals should be discountenanced by every honorable practitioner.

*Resolved*, That the Honorable the Legislature of the State of New York is respectfully recommended to take effective measures during its present session for discouraging and preventing the publication of immoral advertisements, as of other immoral literature.

The resolutions were unanimously adopted.

The following resolution, offered by Dr. R. Hamilton, of Saratoga Springs, was unanimously adopted :

*Resolved*, That the Eclectic Medical Society of the State of New York protest most emphatically against the practice of certain so-called Medical Colleges of this country, of conferring the degree of Doctor of Medicine upon persons who have neither attended full courses of Lectures, nor otherwise attained a suitable knowledge of medical science ; and that we utterly condemn the wicked bartering of medical diplomas to persons not properly qualified to practice medicine and surgery, and that this Society will refuse to acknowledge the validity of such diplomas.

A paper was read on Malignant Erysipelas of the Scrotum by Dr. L. Stanton, of Lewis county.

Prof. Allen presented a report from Dr. Southward, on the use of tincture of Sporgia in Croup. Dr. Garvin of New York, Dr. Frost of Syracuse, and others, spoke approvingly on the same subject.

The President announced the appointments for the ensuing year, as follows : Next Annual Address, Dr. M. M. Fenner, Jamestown ; Essayists, Drs. I. M. Comins and T. L. Harris ; Surgery, Drs. E. Freeman and Henry C. Cooper ; Obstetrics, Drs. W. Jones and H. Pease ; Medical Hygiene, Drs. J. G. Frost and J. C. Hurlburt ; *Materia Medica*, Drs. A. B. Westcott and E. S. Preston ; Theory and Practice, Drs. L. Stanton and P. W. Allen ; Chemistry and Pharmacy, Drs. C. T. Hart and H. C. Taylor ; The Status and Position of Eclectic Medicine, Drs. Josiah Martin and Samuel Tuthill.

*Committee of Arrangements for Annual Meeting.*—Drs. R. S. Newton, Noah S. Dean, and Charles K. Brown.

*Delegates to other State Medical Societies.*—Massachusetts, Drs. W. R. Hayden, H. S. Firth ; Vermont, Drs. R. S. Newton, S. B. Hoag ; Maine, Drs. James Y. Tuthill, C. T. Hart ; Ohio, Drs. G. H. Preston, J. J. Westcott ; Connecticut, Drs. R. Hamilton, E. F. Garvin ; Canada, Drs. James Fenner, S. Stoddard ; Indiana, Drs. J. A. Salisbury, H. C. Gazley ; Illinois, Drs. G. P. Lawrence, W. H. Hawley.

A resolution to have a semi-annual meeting at Syracuse, June 24th and 25th next, was carried. Drs. C. S. Totman and J. G.

Frost, of Syracuse, were appointed by the Chair a committee of arrangements for such meeting. Dr. J. G. Frost was appointed to deliver the address.

Adjourned.

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#### VACCINATION.

At the regular monthly meeting of the Eclectic Medical Society of the City of New York, held Wednesday evening, Dec. 18th, 1867, the following resolutions were passed :

*Resolved*, That, in the opinion of this Society, no persons except the parents or guardians of children have the right to direct their vaccination, and that no one should be allowed to enter our common schools and vaccinate children without the knowledge and consent of their parents and guardians.

*Resolved*, That the subject of obtaining pure vaccine virus from the kine, is one of very great importance, as matter thus obtained will prevent the spread of a variety of diseases, such as scrofula, syphilis, etc.; which universally follows the use of impure matter.

*Resolved*, That this Society recommend to the Metropolitan Board of Health of the city of New York, that they establish a system for obtaining pure virus direct from the kine, and in such quantity as will supply every possible demand.

*Resolved*, That a copy of these resolutions be forwarded to the Board of Health and the Boards of Education of the city of New York.

PAUL W. ALLEN, M. D., *Secretary*.

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#### ECLECTIC MEDICAL ASSOCIATION OF INDIANA.

The third annual meeting of this Association will be held at Indianapolis on Tuesday, June 2, 1868. We hope to see a full attendance, not only of the members of this Society, but also of all the Eclectic practitioners in the State. At the last annual meeting, the following appointments were made for this occasion :

*Annual Address*—The President, J. F. Ridgeway, M.D., Indianapolis.

*Public Address*—Prof. A. Jackson Howe, M.D., Cincinnati.

*Pharmaceutical Preparations*—Prof. J. F. Judge, M.D., Cincinnati.

*The Pathology and Treatment of Uterine Leucorrhœa*—James S. Cowdrey, M.D., Lafayette.

*Surgery*—Milton Jay, M.D., Marion.

*Ophthalmia*—H. T. C. Ennis, M.D.

*Asthma*—G. W. Pickerill, M.D., Indianapolis.

*Paralysis*—C. G. Bartholomew, M.D., Rockville.

*Cellular Pathology*—D. H. Prunk, M.D., Indianapolis.

*Hypodermic Injections*—E. P. Jones, M.D., Jonesboro.

*Eclecticism*—Annual Address—J. M. Youart, M. D., Indianapolis.

Prof. John King, M.D., Cincinnati, is expected, according to promise, to be present and deliver a public address. Prof. R. S. Newton, M.D., of New York, will also be present on this occasion.

Physicians of other States always receive a warm reception, and are cordially invited to be with us.

G. W. PICKERILL, *Corresponding Secretary*.

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#### BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.

The annual meeting of the Boston District of the Eclectic Medical Society was held at the office of Dr. James Jackson on Monday evening, when the following board of officers was elected for the ensuing year: President—S. C. Ames; Vice-President—T. H. Smith; Secretary—C. E. Miles; Treasurer—J. W. Towne; Board of Examiners—W. E. Underwood, O. M. Humphrey, James Jackson. An elaborate essay upon Therapeutic Action of Prussiate Potassium was read by Dr. J. W. Towne, after which the annual supper was partaken of.

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#### MERCURY IN HUMAN REMAINS.

A French Journal relates a story of a wealthy farmer who died many years ago, and, on digging a grave in close proximity to where he had been buried, the bones were accidentally exhumed. On examination, brilliant particles of a metallic lustre were found, which, on being collected, presented a considerable quantity of oxide of mercury. Thus, for thirty-five years, the mercury had been preserved, almost without alteration, in the body of the deceased, who had probably made frequent use of the metal during the latter part of his life.

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#### A SPECIFIC FOR CROUP.

As this disease is one of the most common and fatal of all diseases, to which children are specially liable, it is desirable that remedies which are said to be a specific should be made known to the public. At the recent meeting of the State Eclectic Medical Society in this city, a prominent member of the society stated that he had used with invariable success, in a large number of cases, and some of them of the severest character of membranous croup, Labaraque's solution

of Chlorinated Soda, an article which can be obtained at almost any drug store. He applied it internally with a probang, the solution being diluted with seven times its amount of water and sweetened, and also externally to the throat with the solution diluted with an equal amount of water.—*Albany Argus*.

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#### FOR SALE.

I will sell my location with a practice worth from \$2,000 to \$2,500, situated on the outlet of Oneida Lake, for \$2,300. The house is a two story frame building, containing three large rooms, three bed-rooms, and three clothes rooms, on the ground floor, with office attached. Cistern, good well of water, and a new barn; also a good variety of fruit trees. For further information, address

C. T. GREENLEAF, M. D.,

Brewerton, New York.

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A young Eclectic physician of one year's experience (dispensary and general practice) would like to meet with an old practitioner requiring an assistant. Or would like to purchase a practice (without property), and pay in semi-annual or quarterly installments. Best of reference. Address, E. H. M., care of "Eclectic Medical Review," 17 East 18th Street.

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An Eclectic physician, who has an extensive mail and office practice, and one of the best locations in New York City, desires to sell his entire business, including medicines, office furniture, etc. The business has been extensively advertised in every part of the United States. Over \$80,000 one year. An Eclectic physician, whose health will admit of a sedentary life, can not only make a good living for himself and family, but accumulate money fast and plenty of it. The advertiser desires a more active life, and with this view would sacrifice his present location for a home and practice in the country. Will sell for cash, or would trade for drug store and practice in a village, or for a small farm and practice near a village.

All of the Professors in the New York Eclectic Medical College are given as references. Address with full description, Dr. M., care Prof. R. S. Newton, No. 17 East 18th St., N. Y.

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MARRIED.—On the 19th instant, at the residence of the bride's father, Maj. James Paxton, deceased, by Rev. Dr. Rice, Dr. A. G. STALNAKER, late of New York, to Miss BELLE PAXTON, of Boteourt county, Virginia. No cards.

If this pair should have one half the happiness we wish them, they will be the happiest twain on earth.—*Greenbriar Independent*, Dec., 1867.



AMERICAN  
ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

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ORIGINAL COMMUNICATIONS.

Second Annual Commencement of the Eclectic Medical College of  
the City of New York.

THE Commencement exercises of this Institution were held at the Cooper Institute, on Saturday evening, February 8, 1868, before a crowded and intelligent audience, and were opened with prayer by the Rev. Chas. F. Deems. The report of the session just closed was then read by the Secretary of the Faculty, Prof. Allen.

REPORT OF THE SESSION.

We meet this evening to hold the Commencement exercises of the Second Session of the Eclectic Medical College of the City of New York. Nearly three years have now elapsed since this institution was chartered by the Legislature of this State, and each year has added to its strength, in the confidence of the profession, and in the interest and sympathy of the friends of Eclectic Medicine.

The building temporarily secured for the lectures has been found to be centrally situated and well adapted to the purpose; and the trustees of the college are now making an effort to secure the ownership of premises which are eligible and commodious; and we hope to announce such an acquisition to the permanent success of our educational enterprise

before our next Commencement. The present Class and Faculty have had excellent rooms for medical, surgical, and chemical lectures, but it must be gratifying to us all to have a reasonable hope to secure ampler and still better accommodations.

The course of instruction during the past term has been, as we think, peculiarly thorough and practical. We think that we have a right to say that the Faculty have been most assiduous and faithful in their several chairs of instruction; and we know that we have a right to say that our instructions have been eagerly received by as thoroughly studious and faithful a class of students as teachers could ever desire to lecture to. We say this not for compliment to the class, but we think it of especial interest to the friends of eclectic medicine assembled here to night, and to those communities wherever these young men may locate, that we can bear honest testimony to the assiduity and earnest faithfulness of those who are, either immediately or after another course of lectures, to assume the most delicate and responsible of all secular duties—the duties of the conscientious, educated and skillful physician. It is no small gratification to the faculty to commend those young men who will to-night receive the honors of our college, to the entire confidence of any people among whom they may locate, as men of integrity and talent—men of clean hearts and clear brains; as young physicians and surgeons who have made the persevering and honest endeavor to secure from every school of medical and surgical practice, as many of those facts which are to enable them to cure disease,—“quickly, safely, and surely,”—as it has been possible for them to secure. In reference to every disease they have sought knowledge, thorough and reliable knowledge, from the text-books and the teachers of allopathy, homœopathy, and eclecticism; and they have felt and appreciated that, in respect to all the accumulated truths of the centuries before, they are, each of them, rightfully, in the words of the poet,

“The heir of all the ages.”

The Eclectic Dispensary, which has received for gratuitous treatment a large number of patients, has afforded good facilities for the illustration of clinical instruction ; and the lectures on actual cases before the class have been much more numerous during the past term than heretofore.

The number of matriculants for the session just closed is forty ; the number of graduates twelve. The faculty are aware that this is a small number compared with the number graduated by older institutions ; but it is their settled policy and purpose to recommend to the trustees only those candidates for graduation, now or ever, whose attainments will do honor to themselves, honor to the college, and honor to the profession.

The relations between this class and their teachers have been most cordial and hearty ; and nothing has transpired to mar the enjoyments of the session, save the sudden sickness and death of one of the class, on the very day on which the degree of Doctor of Medicine was conferred on the graduates, his name among the list—George Lamb. The faculty had anticipated that in the years of the future they might hear of his success and fame. On the last morning of his earthly life, he attested his heartfelt devotion to the interest of his profession, by referring to his home in New Brunswick, and said : “ Before I die I hope to see established at St. Johns, an Eclectic Medical College.” As a faculty and as students, we feel that his life and his death alike teach us to devote unceasing energy and integrity and heart to that school of medicine and surgery which receives all the useful facts of all past schools of medicine ; which has made numerous discoveries, of great value, as to remedies and remedial processes, and which seeks to combine in one harmonious philosophic whole, a system of medicine far in advance of all past acquirements, both as to its science and as to its practical success.

Diplomas were conferred upon the following graduates : D. P. Bogart, James M. Comins, James Day, James E. Danelson, L. B. Firth, Elias Harvey, George Lamb, O. H. Simons, Cyrus R. Teed, Henry C. Cooper, H. L. Norton, A. T. Nivison.

DOCTOR ALEXANDER WILDER, the President of the Board of Trustees, then proceeded to confer the degree of Doctor of Medicine upon the members of the graduating class, and delivered to them the following address :

It has now become my turn to welcome you into the ranks of the profession which you have adopted. The vocation of medical practitioner is useful, benevolent, and honorable. Its duties are most delicate, arduous, and responsible ; you will discharge them, I trust, ably, fearlessly, and conscientiously. You go forth now with an apostleship, to "heal the sick, cleanse the lepers, raise the dead, and cast out devils."

The School of Medicine in which you are about to be formally inducted is styled Eclectic, because its leading idea is to "hold fast that which is good." There was in earlier times a school of Eclectics in philosophy, that endeavored to collate, from Christianity on the one hand, and from the writings of Plato on the other, those lessons which they dignified with the appellation of Knowledge. The leading systems of all former ages were explored for this sacred purpose, and laid under contribution by these lovers of wisdom. An analogous labor is devolved upon the members of this department of medicine. The Eclectic School has been in existence only during a part of the present century, and has flourished only upon the Western Continent, and yet it has already far outstripped its fellows in the number and value of its contributions to the *Materia Medica*. The Homœopaths come to it for many of the most important specifics which they employ according to their ingenious and fascinating theory. Practitioners and pharmacutists of the Old School, who are fond of declaring that only themselves constitute the genuine "time-honored profession," and often stigmatize every physician not of their number as an empiric and pretender, are nevertheless at this very time sedulously engaged in rifling the Eclectic *Materia Medica*, in adding its contents to their own collections, often as their own original discoveries ; and are frequently substituting the remedies



which the Eclectics first introduced into practice, for the drugs that were used to heal or poison patients with in the days of the former ignorance. In Europe, however, a manlier conduct is often pursued. The most able medical writers there have given credit to the Eclectics of America for their valuable contributions to medicine. Such candor gives some reason to expect, even in this country, where professional assumption and bigotry are still dominant, that, although the present generation make every endeavor to kill our Eclectic prophets, the children will be foremost and enthusiastic in erecting for them sepulchres and lofty monuments.

The Board of Trustees of this institution have ratified the unanimous voice of your instructors, in respect to your qualifications and scientific attainments; and it accordingly devolves upon me to inaugurate you into the profession which you have selected. In the name of the Trustees of this college, and by virtue of the authority committed to us by the laws of the State of New York, I therefore now confer upon you, each and severally, the title and degree of Doctor of Medicine, with the privileges, rights, and immunities to the same pertaining.

One of these sheets of parchment, bound with the insignia of mourning, reminds us that, even at this initiatory moment, death has broken your number. It is meet to pay a tribute to the memory of the one that has thus withdrawn from our view. It is better to remember his kindly qualities, his manly virtues, and assiduously make them our own. His life, rather than his memory, will thus be incorporated with us.

In accepting these diplomas, I entreat you to remember what is due from you to the profession which you have embraced. While you obtain from it a livelihood, as is perfectly laudable and proper, you owe to it, in return, your best endeavors. As the Eclectic School has won laurels by its numerous and invaluable additions to the catalogue of remedial agents, let it be your study to extend still farther the field of its discoveries. Make the profession better because you adopted it. The only code of ethics which I shall enjoin upon you is the golden maxim: "Whatsoever you

would that men shall do to you, do even so to them." This rule is ample for every relation which you will be required to sustain; and it far transcends those narrow and proscriptive regulations which have been made, excluding practitioners of medicine from holding communication with their neighbors and the public, through the advertising columns of the public journals and other mediums, in the same way that is permitted to merchants and men of other callings. Such regulations, you will do well if you boldly disregard. It is sufficient for you to do your work faithfully in the vocation which you have adopted, giving no heed to the idle or malignant carplings of others.

I remember a witty Latin dialogue, which was intended to hit off our profession. A candidate was undergoing public examination for his degree. It was as follows:

Professor.—*Quid est creare?* (What is meant by the word create?)

Candidate.—*E nihilo facere.* (To make out of nothing.)

Professor, giving him his diploma.—*Bene; te doctorem creavimus.* (It is well; we now create you a doctor.)

Such an achievement, far surpassing any by Samson or Hercules, I feel confident that we have not been performing. Though medical instruction is of vast importance and utility, the true physician, like the poet, is born rather than made. Once more enjoining you to remember your obligations to your patients and to your profession, to maintain all your relations toward others with the strictest regard for what is right, to perform your labor with fidelity, delicacy, and professional enthusiasm, and to magnify your vocation, I will now conclude. I wish you health; I wish you prosperity.

The report of the Board of Trustees was made by the Corresponding Secretary, Henri L. Stuart.

#### MR. STUART'S REPORT.

The Statistical and Business Report of the Board of Trustees will be made at the close of the Spring Term by the Recording Secretary, Hon. Martin Thatcher, just previous to the next Annual meeting of the Board. The report which I am

now to make will be simply a brief statement of the purposes and aims of the Board of Trustees in regard to the future management and development of the Eclectic Medical College of the City of New York, with its Dispensary and Hospital. It is the fixed purpose of the Board to make this institution take the very highest rank among the progressive professional educational institutions of the country. They mean to make it in all respects so perfect in its *curriculum* that every successful practitioner of medicine will find it a necessity to attend upon its instructions, and to bear its diploma, before he will be received with full confidence into the families of our people.

The great body of young men entering into the profession of medicine, it is believed, choose this profession from a desire to bring into play their ability to do good, and to alleviate suffering—that they look upon the medical profession as a liberal profession, governed by beneficent and generous rules—that it is a profession dealing with the issues of life and death, and that its duties are most solemn and important, requiring the greatest intelligence and unselfishness for their proper discharge. In accordance with this presumption, it is the purpose of the Board to exert every means to open the door to this class of conscientious young men, and to do their part toward breaking down the barriers of exclusiveness and intolerance which have hitherto and do now prevent by rules and penalties the medical profession from being a liberal profession. Young men, such as I have alluded to, have very often expressed to me their surprise at finding themselves hedged in and fettered, before they can be received into full communion as practitioners of the Allopathic School of Medicine, and nothing but the fear of ostracism, professional and social, prevents them from leaving the ranks where the few make the rules for and dominate the many with an iron hand. We believe that all sincere, earnest and liberal-minded medical students, if left to their own convictions, would feel it a privilege of great value if they could, without fear of consequences, be allowed to take one or more courses of instruction in Eclectic Medicine. To make this possible, is the generous aim of the Board of

Trustees of the Eclectic Medical College of the City of New York. They have made arrangements which secure the permanence of the Institution, also of the Dispensary and Hospital. They have the sympathy and coöperation of a large portion of the community, and have secured such Municipal and Legislative recognition, that the Institution under their charge has every advantage that has been granted to any other School of Medicine in the State of New York. Thousands of the sick and afflicted poor of our city have been successfully treated at the Dispensary, or prescribed for and medicines furnished at their homes. Many cases deemed incurable, and given up to die by practitioners of other schools, have been treated and cured. Several thousand dollars have been subscribed from private sources; the Common Council has donated a sum as large as to any other similar institution, and the Legislature has also given us an appropriation which has been expended most judiciously in the interests of the unfortunate and suffering of our city. Owing to the great depression in business and the increase of suffering and privation, the Board of Trustees have determined to ask for a larger sum this year from the Common Council and from the Legislature than was donated last year, and I have the pleasure of announcing that the Common Council has taken action and largely increased its donation, and we have every reason to believe the Legislature will be equally liberal. The present State Executive has exhibited considerable interest in our success, and the Comptroller, Hon. R. B. Connolly, has made himself familiar, as a member of the Board of Trustees, with our wants and deservings, and we have every confidence that we shall receive a generous private support. The Dispensary is conducted by the Faculty, and all cases are treated intelligently and efficiently, and great good, we believe, has been done, and will continue to be done through coming years, by the establishment of this institution in the City of New York.

In honor of their deceased companion the graduating class wore badges of mourning. President Newton, in behalf of



the Faculty, made a brief statement and eulogium upon the deceased, whom he pronounced to have been an excellent student, and a most conscientious and trustworthy young man. The address in behalf of the graduating class was made by O. H. Simons, M.D., in which he paid an eloquent tribute to the memory of his deceased classmate. Prof. Hadley made the charge to the graduates, mentioning an extraordinary fact in the course of his remarks, that one member of the class who commenced studying medicine four years ago had been graduated on the present occasion at the age of 69 years. The closing address was made by Mr. Horace Greeley, and elicited the most profound attention and repeated applause.

#### MR. GREELEY'S ADDRESS.

MR. PRESIDENT AND GENTLEMEN: The few remarks to which I shall call your attention to-night will be illustrations of a very common truth with very common illustrations. Although there is danger sometimes that the truth may be something forgotten, my text is the simple statement that medicine is progressive. It is true of medical science that it does progress, and that it must be and will be continually changing. I doubt not that the whole field is better cultivated and that its positions are better understood—that the results are better from the higher discharge of the physicians' duties than in the infancy of medicine. Medicine has advanced with the progress of human knowledge, and has been gradually becoming more certain, and gradually giving greater immunity from pain, and greater relief from suffering. Those whose knowledge of medicine is as small as mine will know that within the last two generations, not to go further back, the *Materia Medica* has very considerably changed, and the uses of medicines have enormously changed; also those who have read the "Practice of Dr. Sangrado," and that is a very popular work. I understand that as an exaggeration, but it is an exaggeration of a basis fact. Even in my day the taking of blood from the human body in order

to cure chronic and ordinary diseases, is a very common resort, and I venture to say, fifteen years ago doctors practised bleeding fifty times where one doctor practises it at present. I have no doubt that that is a change for the better. Bleeding was formerly so common that the barber's pole is a representation of an arm laced up and prepared for bleeding; for the doctors not being very skilled in surgery in ancient times used to send their patients to the barber's to be bled. So that the colors on the barbers' poles represent the red and blue blood and white bandage, in the same way as in our day we see the red flag which is the same as the old Roman flag before the mock auction shops. This flag represented the sales of the spoils of war, when they were to be brought out for sale and distribution. Within my mother's time, for she was a sort of half physician, an excellent person who helped everybody, she knew that the faculty—as a faculty—in treating typhus fevers refused the patient the least draught of wholesome air—shut all the windows of the sick room, lest the patient should get a breath of fresh air and die. Where the patient dying of fever wanted a draught of air or cold water, he was forbidden to have it, and hence now and then patients broke away from the physicians' rules, and swallowed cold water in defiance of the doctor, and got well. These cases occurred sometimes, and so on throughout. I will not talk of calomel. It has its uses and abuses. I only will call attention to the fact that there is not an ounce used to-day in ordinary medical practice where a pound was used formerly within our recollection. There might be, and probably will be, further diminution of the quantity, but on the whole there is a great improvement. When a green young doctor 40 years ago did not know anything about the case, and not knowing exactly what to do, he always gave calomel. It had a powerful alterative effect, and, I presume, was sure to do something. I have seen so many constitutions shattered, and so many men and women reduced to suffering, painful, tortured wrecks, that I have reason to be a little afraid of it. Yet no doubt it has its baneful and its legitimate uses. What is needed is that we should have the

knowledge to tell just where these great poisons should be used—for many potent drugs are poisons, though they may be used with benefit and with reasonable safety and advantage. Now, this fact is deserving of attention: that all great reforms and improvements in medicine have been carried against the faculty. I mean the respectable, portly, well-fed, comfortable doctors, well to do in the world, have fought against every great and beneficial change in medicine. They fought against the discovery of the circulation of the blood, they fought against that of vaccination by Jenner, they fought against every change, and all were carried over the faculty, and carried by a few despised, reprobated individuals. All good reforms in medicine, as in other things, are carried not by popularity, not by applause: but they are always carried by self-sacrificing men devoted to the work, despised and persecuted in their time, who have not patronage and wealth to establish and maintain truths which shall benefit generations that come after. So I say to you, my young friends, don't fear to be unpopular, don't fear to find truth and follow it. You will meet of course with a roar of disapprobation, a roar of denunciation. Doubtless among the truths yet to be discovered are many truths in medicine. Over all the world the ground is covered or smothered with vegetable growths of one kind and another, and nine out of ten of the plants which we call weeds, are types not of their worthlessness, but of our ignorance. No doubt, many plants that are now despised and trodden under foot to-day, will be yet found by mankind to be among those which are advantageous. When chemistry and botany reach the rank of positive sciences, which they are destined to do, we shall, no doubt, find all around us, trampled on as worthless, what will be of great value. Not simply higher, but if I may say so, exacter knowledge will arise—knowledge of the properties of substances now despised, which will be restored to useful application. Yes, in the humblest ways will be found useful plants; now despised plants treated with contempt will, no doubt, be found to cure such diseases as are now incurable. I don't believe one single plant may not be

found to have its uses. No single plant or shrub which has not uses for mankind, if they could be discovered, where it has not already been discovered. Among all these uses will be the medical properties. In travelling across this country I have passed over vast regions, 400 or 500 miles in extent, without meeting any human being. No tree to be seen, and no vegetable growths valuable to mankind. Men hurried over this region for years, wondering what such land was made for. Since I passed over it (ten years ago) great mineral wealth has been discovered there by earnest explorers. So there will be around us immense discoveries found out by science. Great discoveries await the qualified and earnest observer. They await the man who has made the preparation necessary to discover them, all around us. The earth is capable of maintaining 100 times its present population, when men know how to use and how to improve it. The victories of this science, like that of others, demand patient application, earnest seeking, diligent and energetic effort. There are rewards, moreover, in these discoveries, or we prevent faith in God and his providence in the world in which nothing is made in vain. Well, gentlemen, what seems to me to be a singular fact to-day with regard to medical science is this: that in face of the truth that medicine is still progressive, from the earliest ages till now, the physicians of to-day of the most orthodoxy scout the idea of such unhealthy methods as were used not three hundred years ago, being used for any human being. They would ask, "How could doctors use such medicine?" It has no relation to disease—there is nothing logical in it—their medicines were accidental mixtures or arbitrary guesses, or compounding such things as ought to cure on some homœopathic principle, because they would certainly make people sick who should take them. What I object to is that medical men must lay down rules and laws, and say *this is done*, and there shall be no further progress—no further acceptance. What has been done we have to accept; but we will have no more, no further truth. The continual assumption within a little—



a narrow bound set by men who are content with all that *has* been, and say it is all that *can* be. I believe we are just on the verge of great discoveries. I believe that advance will be made in our day in the basal science of all—Chemistry. We have got to know a little, though I don't know much of it myself. Of all that is known to-day a large majority has been discovered in the lifetime of men who are now living. In all the six thousand years previous to 1750 we had not accumulated so much knowledge on this subject as we have acquired since that time. Since Franklin demonstrated the identity of electricity with lightning, and Lavoisier, the chemist of the last century, made his discoveries—of all that is known, a large majority has been found out in the life of men now present. It would be unwise and absurd to imagine that, while so much has been done in the last century, there would not be much more in the next century. We have just begun to establish laws and to acquaint ourselves with the property of things. We are just on the verge of the great ocean of discoveries. We are just now on the little, narrow strait of a great continent of ignorance, and the broad expanse is now before us. Be sure that in the lifetime of those who are present here immense discoveries in the knowledge of the cure of diseases will be made. We are yet to learn how to combat and prevent those complaints and chance evils that now afflict and torture mankind. We are soon to know how to deal with disease, so that it will not be incurable. We talk now of diseases being beyond remedy. We talk of consumption as beyond remedy, and some speak so of cancer, which are merely confessions of the present extent of human ignorance. In nature, I am sure, there are no incurable diseases. In nature there are no complaints, no beginnings of disease or misfortune, no degenerations not to be overcome. We simply confess, when we speak of diseases being incurable, that we are ignorant, that we have only palliative remedies, and that with regard to this we are only beginning to acquire medicine. Young Friends of the Graduating Class and Friends of Eclectic Medicine; my sympathy with this cause is sympathy with liberality. I have learned

so much in my day of neglected, despised, contemned beginnings, from which great and beneficent results have been achieved, that where I see men breaking over all this pretension which formerly shut up science within the narrowest limits—wherever I see men breaking over this, I hail them, because I believe they are on the very verge of the discovery of truth. If all medical men were willing to meet together and resolve to comprehend all the schools, and to unite in proving all, and in adopting and introducing all that is good—to say, just come and perform, and let us see the test—let us know if there is anything good to be got from it, and we will accept it. If a know-nothing man is attending a patient and he is getting no better, then the doctor who finds he is an incompetent man says he won't go, because that man who is attending the patient is an incompetent person. Why, that is the very reason why he should go. That doctor tells me his reason is so; my reason tells me the other way. You have to decide between us. The doctor who refuses to go in such circumstances is deplorably reversing the true order of proceeding. This is as if the Good Samaritan would not do anything because the man had fallen among thieves. Yes, friends, I hope the Eclectic School is the entering wedge which will operate toward that state of things which will make the medical profession what the profession ought to be, a truly liberal profession. I hope to see the time when the doctor will admit he only knows a thousandth part of nature, and will be glad to know the hundredth part, if it is good. How much do we know about nature? I mean wise and learned men, who have learned as yet only the very beginnings of the knowledge of nature. We are children yet and but in the beginning of science. We will see by and by that we are ignorant, and that much remains to be discovered and appropriated. Then, I say, let Eclectic medicine be always upheld, and with genius ever listening for new truths. It may come from the stable and the manger. It very seldom will come from the palace and the throne—generally it will be from quarters that are despised. Let us be ready to welcome all truths, new as well as old, and apply every discovery

to the benefit of this afflicted human family. This is the true mission of American Eclecticism in medicine, as I understand and sustain it here to night.

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### The Use of Hypodermic Injections.

BY ALEXANDER WILDER, M.D.

It has been a matter of some surprise to me that there has been so little written in this country, in relation to the employment of the subcutaneous injection in treatment of disease. I am free to say that I am not partial to it, and would resist its application to myself, if it should be attempted. I have certain antique prejudices in favor of the introduction of nutritive and other substances into the body by the peculiar doors which nature has provided. With a mouth, nostrils, and an inconceivable number of pores and absorbent vessels, it seems to me that there is sufficient provision for every such purpose. I do not approve of drawing out the blood from the living body as a remedial measure, and I must be permitted to hesitate long before yielding approbation to throwing foreign and unassimilated elements into the blood for any such purpose. There must be more or less disorganization produced, and disorganization is evidence of death.

Yet candor requires that we should, even in this matter, refuse to forego the application of the principle, to "render to Cæsar the things that are Cæsar's." The hypodermic injection has been employed for many years in France, Germany, and England, with gratifying results; and several surgeons in this country speak warmly in its praise. The late Doctor Trosseau was an almost passionate admirer of the hypodermic surgery. An interesting paper on the use of "Hypodermic Injections in the Treatment of Neuralgia and other Diseases of the Nervous System," was read before the Massachusetts Medical Society in 1862, by Doctor Antoine Ruppaner, now of this city, and may be found in volume X. of the Transactions of that Society. This appears to have

been the first endeavor to lay the subject before an American public.

In the British *Medical Journal* of January, 1859, is a paper by Mr. Harlet, of London, demonstrating the utility of subcutaneous injections in delirium tremens. The Edinburgh Medical Journal of May, 1860, has the translation of a paper by Professor Scanzoni, of Germany, in relation to its employment in puerperal peritonitis. The British and Foreign Chirurgical Review of October, 1860, contains a translation of the observations of Doctors Dupuy and Fournier, of France, of its beneficial action in cure of tetanus; where its employment would be justified the most unequivocally, it must be acknowledged. Mr. R. Ellis, of Chelsea, England, demonstrated its value in hysteria, as is shown by his paper in the Medical Times and Gazette for April 4th, 1863; and the Lancet of March 12th, 1864, has the comments of Doctor J. Henry Bennett, of London, in relation to its utility in uterine pain and sea-sickness. The American Journal of Medical Sciences for October, 1863, contains the demonstrations of Mr. W. J. Moore, of the Bombay Medical Service, and Doctor Classeaud, of Smyrna, of its value in malarious fever; and Doctor J. Mason Warren, of Boston, contributed a paper to the same periodical for April, 1864, showing its utility in injuries of the nerves. Professor Von Graefe, it appears from the Edinburgh Medical Journal of July, 1864, also delivered a series of clinical lectures in that year on the employment of subcutaneous injections in ophthalmic surgery. Doctor Ruppaner, in 1865, published a treatise on the employment of Hypodermic Injections, which will be found an invaluable handbook for surgeons. These publications, so far as I am advised, constitute the principal literature upon the subject in the English language.

The object for which the hypodermic injection is applied is immediate relief from pain. Doctor Ruppaner accordingly asserts "that pain is *wear and tear* upon the entire system, particularly, however, the nervous system; that this wear and tear increases in exact ratio to the time for which it has to be borne, and to its intensity. Every minute that we give



relief is just so much the wear and tear diminished, and just so much time gained in the subsequent treatment." To cut short the career of pain he declares to be the first duty of the physician, where pain is the prominent symptom of the disease under treatment; and it ought to be done in the safest and quickest manner possible. By so doing, the energy of the system is conserved, and time saved for the action of remedial agents employed for the purpose of cure.

Dr. Alexander Wood, of Edinburgh, Scotland, appears to have been the first who called the attention of practitioners to the employment of hypodermic injection as a therapeutic agent. He only employed it in uncomplicated cases of neuralgia. Its field of operation has been greatly enlarged, and it has been advantageously employed in paralysis, delirium tremens, rheumatism, gout, intermittent and malarious fever. Dr. Ruppaner enumerates the following as the cases in which we may avail ourselves of its use: neuralgia, both general and local, paralysis, delirium tremens, mania, tetanus, chorea, wakefulness, painful affections of the nerves caused by injury, uterine disease, rheumatism, gout, fevers, and finally, in all cases where pain calls for immediate relief, and where its employment, for some potent reason, is not contra-indicated.

Various injections are used by different operators; as, for example, Dr. Wood uses Battley's solution of opium; Hunter injects sulphate and muriate of morphia; Behier employs sulphate of atropia, and for paralysis, the sulphate of strychnia; Ruppaner uses Squibb's *liquor opii compositus*. Luton, of Rheims, also introduced the saturated solution of chloride of sodium and solutions of nitrate of silver. It will be seen from the names of the solutions, that sedative action has been the principal object, although other results, as the favorite one of counter-irritation, which has so long characterized old-school quackery, have been also sought. The eclectic remedies, it will readily be seen, would both add a large variety to the list of agents used, and extend the field of operations almost indefinitely. Indeed, it may even now be considered as unmistakably proved, that subcutaneous

injection is of wide application. When all other resources, says Rупpaner, have failed to bring sleep to the restless patient, harassed by excruciating pain; when the delirious or the maniac actually defies all restraints put into service; when tetanic spasms exclude the possibility of introducing medicines into the stomach; when that member itself refuses any longer to perform its accustomed duties; when rheumatic pain constantly shifts from place to place; in surgical injuries; in puerperal peritonitis; in short, in all those affections where the pain is more or less general, the hypodermic injection of narcotics has been tried, and in all cases the effect was immediate, or nearly so,—quiet or sleep either sooner or later supervening. It is probable that when the purpose sought is to eradicate disorders like dropsy, catarrh, internal congestion, glandular diseases, &c., the scope of this peculiar treatment will be extended so widely as to be of the highest importance. It is not easy to perceive why internal gangrene, hemorrhage, abscesses and the like, may not be made to yield to a new surgery.

The principles upon which this mode of treatment is based are, that the stomach and other natural orifices of the body do not constitute the most rapid method of introducing medicine into the system, or even the most reliable as to the results; also, that the areolar tissue has the requisite power of absorption, and also furthers the absorbent action of the venous system.

The subject is a prolific one, and as several of our ablest eclectics have also had opportunity for observations, it is to be hoped that they will give us the results. As yet the whole matter is not far outside of the domain of empiricism, but it is of too much importance to be neglected. Perhaps it may effect for us virtually, what has been for centuries a desideratum of the healing art, a means of access into the cavity of the thorax for the purpose of healing the ailments which have their seat there. If we have been too much in the habit of regarding the stomach as a post-office or express bureau, to receive messages from the different parts of the organism, we may find out a more excellent way.

While conceding thus much, allowance must be made for a constitutional repugnance of the writer to the cutting or tapping of his "mortal coil" for any purpose whatever, remedial or destructive. Believing much in science, he has yet some faith in nature, and an almost invincible confidence in the sanitary virtues of a whole skin. It is the envelope which maternal nature has wrapped about us, and should be duly preserved from desecration with almost the same regard with which the peplum of Isis Basilissa was kept from profanation by the sacrilegious hand of mortals.

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Synopsis of Report of Surgeon General U. S. A. on Amputations at the Hip-Joint in Military Surgery.

BY P. A. MORROW, M. D.

IN the February Number we presented the readers of the *Review* with a historical synopsis of 108 cases of amputations at the hip-joint. This summary was condensed from the recent Report of the Surgeon General U. S. A., and comprised all the well-authenticated cases of this operation occurring in Military Surgery up to the period of our late civil war. As this document is not accessible to many of our practitioners, we have thought that a brief *resumé* of all the coxo-femoral amputations appertaining to the surgical history of our late war, might not prove uninteresting. This Report is by far the most complete and comprehensive ever yet presented on the subject. It is valuable not only as possessing considerable historic interest, but also, in a statistical point of view, as the contributions which have been brought to the surgical history of this operation have added much to our means of estimating its value as a resource in military surgery, and determining the conditions under which it is admissible.

There occurred in our late civil war fifty-three authenticated instances of amputations at the hip-joint, performed on account of injuries inflicted by weapons or of lesions con-

secutive thereto. Thirty-four of these operations were performed in the armies of the United States and nineteen in the armies of the Confederate States.

The fifty-three authenticated operations are divided into four categories—*primary*, *intermediate*, and *secondary amputations*, and *reamputations*.

In the class of primary amputations are included all those performed between the reception of the injury and the commencement of inflammatory symptoms; and in cases of gunshot injury this period rarely, if ever, exceeds twenty hours. Under the category of intermediate are included those amputations performed during the persistence of the inflammatory stage—a variable period, usually included between the day after the reception of the injury and some time in the second or third month. The secondary amputations comprise those performed at a period when the inflammation had abated and the lesions had become in a measure local and analogous to chronic disease, excluding the cases in which amputation had been previously performed in the continuity. Reamputations include all those cases in which amputation in the continuity had preceded amputations in the contiguity.

PRIMARY AMPUTATIONS.—In each of the nineteen cases included in this category amputation was performed within twenty hours of the infliction of the injury. The average interval between the reception of the wound and the operation was seven hours. Eleven of the patients succumbed to the direct shock of the operation, surviving from half an hour to ten hours. Three lingered for two days, and two for eight days, or ten days. One has survived the operation over four years, and is now in excellent health. Two so far recovered that they were known to be in good condition, in one case two months, and in the other six months from the dates at which the operations were performed. They cannot, however, be regarded as recoveries authenticated beyond all question. Excluding these cases, the percentage of mortality in the primary amputations at the hip-joint was 94.73. Including them, the mortality rate is reduced



to 84.21. Eight of these operations were performed by surgeons in the armies of the United States. One was done by a medical officer of the U. S. Navy, and ten were performed by surgeons in the rebel armies.

INTERMEDIATE AMPUTATIONS.—Of the eighteen operations included in this category all resulted fatally. They were all done during the inflammatory period, and without exception, upon patients who, from unavoidable neglect and exposure, were ill-fitted to undergo operations. In these cases the interval between the reception of the injury and the operation varied from twenty-four hours to one month; its mean length was a little over ten days. Though all the patients died, the one who survived longest living but eight days, yet a far less proportion succumbed to the immediate shock of the operation than in the series of primary cases. Of the sixteen fatal primary cases eleven died from shock; and the average duration of life after the completion of the operation was but thirty-eight hours. Of the eighteen intermediate cases but five died from shock, and the patients of this series survived the operation, on an average, fifty-two hours. One died from pyemia; two from rapidly spreading gangrene; two, probably, from the effects of hemorrhage at the time of the operation; and eight from the exhaustion consequent upon the surgical fever, suppuration, and other disorders attendant upon so grave a mutilation. Ten of the operations were performed by medical officers of the U. S. Army; eight were done by surgeons of the rebel army—four upon their own men and four upon prisoners.

SECONDARY AMPUTATIONS.—Of the nine cases included in this series two recovered and seven died, a percentage of mortality of 77.78. Three patients sank from the shock of the operation. One with a shattered constitution, with phthisis and lithiasis, died seventeen weeks after the operation, his stump nearly healed. One had secondary hemorrhage and phlebitis subsequently, and succumbed in twenty-three days. One died on the tenth day, from the giving away of the femoral artery at the point of ligation. One died on the

third day with surgical fever and erysipelatous inflammation of the stump. Excluding the case in which death resulted from profuse secondary hemorrhage, those patients survived longest in whom the operation was longest deferred. The average period the patients survived the operation in the seven fatal cases was twenty-two days. The shortest interval between the injury and the operation was forty-three days; the longest two years nine months and twenty-one days. The average interval in the nine cases was four hundred and twenty-nine days.

REAMPUTATIONS.—This category comprises seven cases, with the low mortality rate of 42.85—four patients having recovered. Of the three fatal cases one died from pyemia eight days after the operation, and two, worn out by protracted suffering, were unable to support the shock of the operation and died in a few hours. In six of the cases the antecedent amputation was performed on account of gunshot injuries, in one for a bayonet stab of the knee. In six of the cases the previous amputations were done at the lower third of the thigh on account of injuries of the knee joint. In one the exarticulation was subsequent to an amputation at the upper third for comminuted fracture of the shaft of the femur. The shortest interval between the original injury and the disarticulation was nine weeks, and the longest three years and seven months; the average was nineteen months. In the four successful cases the average interval was fifteen months; in the three fatal cases it was two years.

The seven foregoing cases and a case operated on by Dr. J. G. Guthrie, in which he survived the operation seven hours, it is believed, are the only recorded examples in military surgery of amputation at the hip-joint succeeding previous amputation in the continuity of the thigh. The large number of reamputations at the hip-joint constitutes an interesting and novel feature in the surgery of the late war. Had these been included, as has commonly been done, with the secondary amputations, the statistics of the latter would appear in a still more favorable light.

It is probable that with but one exception anæsthetics were

administered in each of the fifty-three operations. But in the reports of six cases this point is not mentioned. In thirty-two of the forty-six remaining cases chloroform was used; in eleven, ether, and in three cases a mixture of the two was employed. Although in one case the supposed effects of the chloroform excited some anxiety, and in another case in which the patient died upon the operating table the surgeons thought that chloroform had been too freely administered, there is not sufficient evidence that anæsthesia tended to promote the fatal result in any instance.

In twenty-seven of the operations the right thigh was extirpated, in twenty the left; in the reports of six cases it is not specified which limb was removed.

Fourteen of the operations were done for injuries produced by cannon shot. Thirty-eight were performed on account of wound caused by small-arm projectiles, or for lesions consequent upon such injuries. In thirty cases the missiles were conoidal musket balls; in four, musket balls of undescribed shapes; in one case the large round ball with buckshot; in three, conoidal pistol balls. Lastly, one operation was rendered necessary by complications following a bayonet wound of the knee joint.

There was secondary hemorrhage in five of the fifty-three operations. In one case it was *foudroyante* and promptly fatal. In two others it was copious and necessitated the ligation of the external iliac. In one of these cases the bleeding recurred on the separation of the ligature, and was controlled by digital compression persevered in for a fortnight.

Of the forty-two cases in which the cause of death is stated, it appears that the patients succumbed to the direct shock of the operation in twenty-one cases, three died of pyæmia, one from sudden secondary hemorrhage, and eighteen from causes grouped under the general head of exhaustion, in three of whom there had been much hemorrhage during the operation, in two of whom erysipelas involved the stumps, and in four gangrene. In two of the operations gangrene had invaded the limbs before the operation was performed.

The value of the observations detailed in this Report in determining the propriety of amputation at the hip-joint, may be summed up as follows:

1. We have learned that the primary operation for traumatic causes is not uniformly fatal, as had latterly been taught, and are enabled to define three conditions under which it may be undertaken, while two other conditions under which it may be justifiable are left *sub judice*.

2. Much evidence has been brought to controvert the prevailing doctrine that disarticulation at the hip is an exception to the general rule requiring all amputations deemed indispensable to be performed immediately, the eighteen intermediate amputations performed during the war having all resulted fatally.

3. We have proved that secondary amputations at the hip for necrosis of the whole of the femur or for chronic osteomyelitis following the gunshot injury may be performed with as successful results as hip-joint amputations for other pathological causes.

4. It has also been shown that when, after amputations in the continuity of the thigh, the stump has become diseased, reamputations at the hip may be done with comparative safety.

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#### Clinical Record of Cases Treated at the Eclectic Medical Dispensary.

SERVICES OF PROF. C. T. HART, M.D., AND JAMES DAY, M.D.

BEFORE commencing a report of special cases, it may not be amiss to say a word in explanation of our connection with the above Institution, the ends we will labor to accomplish, and the general plan we have adopted to effect them.

This Dispensary has been open but little more than eighteen months, and has already grown exceedingly popular, in consequence of the success which attends the mode of treatment here adopted. Many present themselves daily, and receive advice and medicines gratuitously, and a number of cases have been cured which had been abandoned as



hopeless by other public dispensaries. This increasing popularity, won by the skill of the various medical gentlemen who have been in attendance, makes it necessary that it be placed under the immediate supervision of parties who can give it the necessary daily attention, keep the records, make out the Reports, &c.

In taking our place as specially in charge of the clinical department of the Dispensary, we promise the readers of the Review that we will work assiduously to gather material that shall be both instructive and interesting, and will add such remarks as may be suggested by particular cases. We will now commence with one which promises to be of some interest.

CASE 5,080. Feb. 8th. Aged 42.—Presents himself, bringing a vial of urine. Complains of distress and soreness over region of the bladder, also pain in the small of the back. Says he has been unable to work for six months. Pulse below sixty. Nervous, intellectual faculties seem dull, but is easily startled. Acknowledges he has practised masturbation for many years. Penis and testes atrophied, prostate enlarged. On examining urine under the microscope and chemically, find it normally acid, and loaded with mucus, epithelium, and the triple phosphates.

*Treatment.*—We put him on the following:

R Alc. Fld. Ext. Agrimony,   ℥ iss.;  
Decoct. Althea Offic.,       ℥ viiss.

M. Sig. A tablespoonful three times a day.

At bedtime the following:

R Pulv. Camphoræ,   grs. ij.;  
Lupulin,               grs. iiss. M.

We also throw into the urethra, daily, to the neck of the bladder, by means of catheter and syringe,

R Strychnin,   gr. ij.;  
Aquæ,       ℥ j.

He faithfully promises to abandon the practice, and is

recommended to lie on a hard bed, avoid hearty suppers, and bathe the testicles, &c., in cold water before retiring.

*February 15.*—The above treatment has been continued to this date with evident improvement. His urine is much cleaner, and the pains have diminished. Continue the same course, increasing the strychnia to four grains to the ounce.

*Remarks.*—In this case we have a striking example of the value of the microscope and the chemical analysis of the urine, as a means of diagnosis. All the symptoms pointed to the bladder and kidneys as the seat of the disease, and it was manifest that much irritation existed in those organs. While he was being questioned, a drop of urine was placed under the microscope, and it was seen to be loaded with mucus and epithelium, indicative of irritation of the mucous membrane, and there was also displayed a vast quantity of beautiful crystals of the triple-phosphates, which invariably represents a proportional amount of disintegrated nervous tissue. Up to this time the patient had not been suspected of onanism; but as his station in life and occupation did not call for much mental exercise, our suspicions were at once excited, and, on being pointedly questioned, he acknowledged himself guilty of the vile habit; and the cause of all his troubles was revealed to us. A further examination, as stated, showed that the penis and testes were much atrophied, the prostate enlarged, and the lining of the urethra thickened and hardened.

The indications in this case were to stop the practice, overcome the irritation, allay excitement, tone up the seminal ducts, and build up the nervous system.

Wishing to test the virtues of the Agrimony, we prescribed it in conjunction with a decoction of marsh-mallows. The agrimony acted promptly, decreasing the amount of mucus and epithelium, and also the irritation. We hope to find in this agent, recently attracting attention, a valuable diuretic, applicable in many diseased conditions of the urinary apparatus.

Strychnia was applied directly to the mouths of the ejaculatory ducts, with the hope of imparting permanent tonic

and vigor. (A few spermatozoa were observed under the microscope.)

After the irritation is removed in a measure, we propose to build up the nervous system by iron, quinine, and phosphorus, probably in the form of the Comp. tonic mixture (Aitkin's formula). The report of this case will be continued.

We may remark, in closing, that too little attention is paid to the microscope and uroscopy, as means of diagnosis. The lights from this source are sure guides, and without a correct diagnosis the physician blunders along in the dark, and his practice is guess-work, or virtually empiricism. In any case at all doubtful analyze the urine, or have it done, and the character of diseased action will be surely revealed.

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### Veratrum Viride.

BY HARMAN PEASE, M. D.

THE therapeutical effect of this agent, so far as its sedative influence over the heart's action is concerned, is well known; and, in fact, this was the only medicinal property by which it was introduced to the notice of the medical profession. We do not claim this action as our own discovery, but we do claim that we have discovered new and important therapeutical virtues beside that known at its introduction. Yet, if it had no other action than this, it would, of itself, be sufficient to recommend it to the favorable regard of all medical men.

This was a happy discovery, and filled a void long felt in the healing art. It says to the heart, "so far shalt thou go, and no farther."

It is an undisputed fact, that when the pulse is controlled at our bidding, we are masters over the diseased action of our patient. There is no physiological truth better understood than, when the pulse is at its normal standard, then there is an equilibrium in the circulation and an approximation towards health, a consideration of no small moment to the physician, likewise to the patient; and he who has been

in full practice any great length of time ought to be and undoubtedly is aware of this fact, that in all cases of acute inflammation or fever, it is almost impossible, and even dangerous, to excite artificial peristaltic motion sufficient to produce evacuation of the bowels, while the pulse runs or remains at one hundred and thirty. Take a case, for instance, of acute enteritis, where the symptoms, to an observer, of tenesmus, bloating of the bowels, would all indicate physic; but, let a drastic cathartic be given under the above circumstances, and in nine cases out of ten the patient will die; but when *Veratrum* is properly given, its controlling sedative effects on the circulation will lessen fever and inflammation: then give the *Dioscorea* and *Belladonna* to allay pain, and a mild cathartic, as Husband's magnesia, will complete the cure. *Veratrum* is one of the most important medicines as a preparatory, and should precede, in most cases, all other remedies. It will prevent the formation of coagula in lying-in women, by keeping up a constant flow. This I conceive to be due in part to its emmenagogue properties; consequently it has not its equal in mitigating after-pains. And, in rheumatic affections, either acute or chronic, there is no medicine to be compared in preventing metastasis of the purulent humors to the heart, a dangerous effect, and one much to be dreaded, but seldom prevented without the judicious administration of this invaluable remedy. For eruptions, it may be used with the utmost confidence, both internally and externally, and may be relied upon, with *Podophyllin*, as a specific; also, in indurated glands or scrofulous tumors, in alternation or combination with *Hydrochlorate of Ammonia*, as an external application, is superior to Iodine; and in hepatic affections I have found it to be one of the most potent remedies. It excites secretion and excretion, by correcting the acrid bile, and, if pushed to emesis, as it should be in hepatic complaints, will in most cases produce a happy and satisfactory result. I admit that it is a sharp-edged tool, and should be used with the utmost caution; but I have yet to see it, in all hepatic complaints where it has been thus given, fail in eradicating the disease for which it was given.



What a contrast between Veratrum and Calomel, as regards their therapeutical effects! While Veratrum stands preëminent, Calomel is abhorred by the people, although its adherents may worship it as their Samson. We will admit it to be like Samson of old, for it has slain its thousands.

SCHENECTADY, N. Y.

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## PERISCOPE.

### *Bichloride of Methylene as a General Anæsthetic.*

We extract from an extremely interesting lecture by Dr. B. W. Richardson, published in the *Medical Times and Gazette* (Nov. 2, 1867), the following particulars with regard to this new anæsthetic agent.

After learning by repeated experiments on inferior animals that it could be safely administered to them, Dr. R. inhaled it himself until it produced insensibility. "I found the vapor," he says, "very pleasant to breathe, and little irritating, while drowsiness came on and unconsciousness without any noise in the head or oppression. I recovered also as the animals seemed to recover—at once and completely. I felt, in fact, as though I had merely shut my eyes and had opened them again. In the mean time, however, I had performed certain acts of a motor kind unconsciously; for I inhaled the vapor in the laboratory, and there went into sleep, but I awoke in the yard adjoining. This was on September 28th last. I inhaled on the occasion from a cup-shaped sponge. Since then, I have inhaled the vapor in smaller quantities from several instruments, with the effect of proving that there is little difference required for administration between the bichloride and chloroform."

Like all other general anæsthetics, the bichloride of methylene has power to destroy life. Its safety must, therefore, be accepted as relative rather than absolute. Dr. R. has tried to ascertain its relative value, and the result he says, leads him "to hope that the balance of safety is on the side of the bichloride. Three observations bring me to this reasoning. First, I find that if two animals of the same age and kind, say pigeons, be placed in chambers of the same size, and exposed at the same temperatures, and under other conditions the same, to equal values of chloroform,

tetrachloride of carbon, and bichloride of methylene, the resistance to death will be as fourteen to five in favor of the bichloride of methylene against the tetrachloride of carbon, and as fourteen to nine against the chloroform.

"In the second place, when animals are exposed until they are killed by these vapors, there is a marked difference in the maintenance of muscular irritability. The tetrachloride of carbon destroys the muscular irritability first, the chloroform next, and the bichloride of methylene last, and this difference I have found so striking as to represent in one experiment a period of seven minutes for extinction of irritability by the tetrachloride, twenty-three minutes for the chloroform, and fifty-eight minutes for the bichloride of methylene. This distinction rests, I think, on differences in the amount of chlorine in the three substances, and I point out the fact not merely as showing the lower destructive power of the bichloride, but as affording a hope that in a case of accident from it the means resorted to for restoring animation would be more likely to succeed, the muscular power remaining more directly under the influence of excitants to renewed action, and for a long interval.

"Thirdly, the condition in which the lungs and heart are left after death from the bichloride is favorable."

The following are Dr. R.'s general conclusions in regard to the bichloride of methylene:—

"1. It is an effective general anæsthetic, producing as deep insensibility as chloroform.

"2. In action it is rather more rapid than chloroform, but to develop effects more of it is required, in the proportion of six parts to four.

"3. It produces a less prolonged second degree of narcotism than other anæsthetics.

"4. When its effects are fully developed, the narcotism is very prolonged, and is reproduced with great ease.

"5. Its influence on the nervous centres is uniform, and it creates little, if any, disturbance or break of action between the respiring and circulating functions.

"6. Its final escape from the organism is rapid, so that the symptoms of recovery are sudden.

"7. In some cases it produces vomiting.

"8. When it kills it destroys by equally paralyzing the respiring and circulating mechanisms.

"9. It interferes less with the muscular irritability than perhaps any other anæsthetic.

"10. It combines with ether and with chloroform in all proportions."

Dr. R., with characteristic candor and modesty, remarks : "I leave the bichloride of methylene with the profession for its observation and experience. I have proved the agent, by experiment on the lower animals, to be a good general anæsthetic. I have inhaled it myself with safety, and I have administered it to the human subject with success in the extremest operations for which general anæsthesia is demanded. Here, as an individual inquirer, I come back into the ranks and rejoin the rest of my brethren as an observer. Having no other ambition than that of being a physician in the widest sense, having even a painful aversion to speciality, and having no desire to press any subject unduly, I have produced this lecture as a contribution to pure science and nothing more, holding myself as free as any one else to condemn, improve, or approve, as future knowledge, framed and squared and fitted by wisdom, shall determine. When twenty thousand persons shall have slept away pain under the influence of 'chloromethyl,' as Mr. Spencer Wells has tersely named the bichloride of methylene, and those of them who have slept too deeply shall be counted as fewer than ten, an advance over chloroform will have been proved, but not sooner, nor with less of that tribulation through which we must ever attain to the good that is great and persistently beneficent."

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*Neuralgia.*

"Dr. Francis Pirotte gives numerous observations in which neuralgia was cured by the spray of chemically pure ether; the pains the most unyielding to all other means, ceased almost immediately. The ether is sprayed upon the painful part two or three minutes at a time, repeating it, if necessary, two, three, or four times, allowing sufficient time between each operation for the ether to completely evaporate. The temperature of the part at once falls several degrees below zero, the skin becomes blanched, insensible, and soon the subjacent parts become equally in a state of anæsthesia, and relief follows. Sometimes the pain flies from one spot to another, but must be followed up. No unpleasant sensation follows its use, unless the ether be impure, when annoying sensation of burning and irritation is produced. It may be employed for pains from whatever cause, itching, cholera, cramps, local inflammations, tetanus, rheumatism, burns, etc. Its advantages are facility of execution, immediate disappearance of the pains, and prompt cure, and economy.

“In symptomatic neuralgia, it is advisable to aid the security and the rapidity of the treatment, by appropriate internal and external measures, as sulphate and valerianate of quinia, iron, tonic bitters, iodide of potassium, removing tumors, healing wounds or ulcers, etc.”—*L' Union Médicale de la Gironde* and *E. Med. Jour.*

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*Cutaneous Absorption by the Hands.*

“Dr. Dufay, of Blois, having turned a solution of acetic acid upon his fingers, experienced a taste of vinegar. This suggested to him a trial of the absorbent power of the hands in a case of neuralgia, where frictions of quinine in the axilla had been without result. For this purpose he had the skin of the hands softened by washing in warm water, and then turned into the palms a spoonful of water containing 15 grains of quinine. But two or three minutes of rubbing the hands together were required for the absorption of this quantity of liquid. One hour after, dizziness and ringing in the ears tormented the patient; but the neuralgia left, and did not return. Two more frictions confirmed the cure. Ten more cases have been treated in the same manner, and in no one has the effect of the quinine failed.”\*—*L' Union Médicale* and *Boston Journ. of Chemistry.*

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*Torsion of Arteries to Suppress Hemorrhage.*

“In cases of bruise, fracture, dislocation, and even operations of tenotomy, large quantities of blood are frequently effused more or less deeply under the integuments without causing any bad effect, and quickly disappear by means of absorption. How, then, does it happen that blood collected in the cavity of a wound should be productive of so much mischief? It can only do so, as Mr. Lister has shown, through the decomposing influence of atmospheric air, loaded with its myriads of organic atoms; and, therefore, if protected from this agency, would be no more hurtful than in the circumstances just mentioned. He has accordingly found, as stated in the preceding numbers of this journal, that wounds of the most formidable character may be divested

\* Septic and other poisons may also be thus absorbed to the temporary or permanent injury of health.—Z.



of all their alarming features by means of carbolic acid, applied so as to prevent the impure air from entering.

"This remarkable fact has led me to consider the expediency of resorting more frequently than heretofore to the use of 'torsion' for the suppression of hæmorrhage. Ever since this method was proposed by the late M. Arnussat I have employed it in wounds of the cheek and lips, and also occasionally in more serious operations, to let my pupils see that it was quite effectual, but have been prevented from adopting it for general use, by fearing that the absence of ligatures, which serve as conductors of the discharge, would increase the risk of blood or serum being pent up in the cavity. Feeling now happily relieved from any apprehension of evil being thus produced, I think 'torsion' may in many, if not in all cases, be employed with advantage, instead of the ligature. In order to perform the process effectually, it is necessary that the artery should be seized by catch forceps, and twisted until they become loose. It has been alleged that such a liberty with the vessel must cause it to slough, and thus disturb the adhesive action. But as this objection is altogether theoretical and contradicted by experience, it is unworthy of notice.

In illustration of what has been said, the two following cases may be mentioned as sufficient to substantiate the facts:

1. That torsion effectually restrains the hæmorrhage of ordinary-sized arteries.
2. That its action upon them does not prevent union by the first intention.
3. That protection from the air prevents decomposition of the blood.

*Case 1.* On the 27th of May I amputated the middle finger of a young woman in the hospital at the metacarpal joint for disease of three years' standing, and arrested the bleeding by torsion of the arteries, which were three in number. A mixture of carbolic acid and linseed oil, in the proportion of one to five, having then been freely applied to the surface of the wound, I tied the adjoining fingers together so as to retain the cut edges in contact, and placed over them a piece of lint soaked in the carbolic mixture. The result at the end of three days was complete and perfect union without any discharge of matter.

*Case 2.* On the 11th of June Mr. Annandale removed a tumor from the chest of a male patient by an incision ten inches in length, and employed the torsion for five arteries,

two of which were of considerable size. He then applied the carbolic mixture freely to the wound, brought its edges together by silver sutures, and covered them with lint soaked in the protective fluid. Three days afterward I saw the wound soundly healed without a drop of matter."—Prof. JAMES SYME. *Lancet*.

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*The Mode of Action of Digitalis.*—By Dr. Legroux.—*Gazette Hebdomadaire*, No. 11, 1867.

Dr. Legroux concludes an elaborate essay upon "Digitalis and its Mode of Action," with the following brief recapitulation of the principal facts gleaned in his researches:—

1. Digitalis, the active principle of which is digitaline, when given in any dose, has a special action upon the circulation.

2. Although digitalis may act directly upon the heart when given in poisonous doses, it seems, when given as a therapeutic agent in small quantities, to excite primarily the capillaries; the central organs of circulation being secondarily affected in reëstablishing the equilibrium of the circulation.

3. If this theory be accepted, digitalis is a sedative of the circulation in the sense that it calms its disturbed action; but it exerts an exciting and tonic, and not an hyposthenic action, as is generally admitted.

4. The influence of digitalis upon the temperature, the secretions, nutrition, uterine contractions and hæmorrhage, can only be explained by the drug acting as an excitant upon the terminal filaments of the sympathetic.

5. This theory fully accounts for the favorable results obtained by digitalis in fever, cerebral affections, dysmenorrhœa, congestion, anasarca, and the disorders of the circulation due to lesions of the heart.—*Ranking's Abstract*.

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*On Inflammation and Suppuration.*—By Dr. J. Cohnheim, Assistant in the Pathological Institute of Berlin.

The author investigated the phenomena of inflammation in the cornea of the frog, and found (1) that it is not true that the stellate corpuscles enlarge and form pus cells within themselves, either from their nuclei or cell contents; (2) that corneal opacity depends upon the presence of pus corpuscles within it; (3) that the pus corpuscles are situated between the cornea corpuscles, and that the former alter their form or

position, while the latter do not. From these observations he concludes that pus corpuscles must either be derived from the pre-existing, movable, lymph corpuscle-like bodies in the cornea, or have travelled into it from without. The latter view he deems correct. He found that simple traumatic keratitis always begins at the margin of the cornea and spreads inwards; also by adopting Recklinghauser's plan of coloring the white corpuscles by the introduction of colored solutions (Cohnheim used aniline blue) into the lymph sacs, the veins, or the arteries, he satisfied himself that "the pus corpuscles in the inflamed cornea had formerly been white blood corpuscles, and had passed into the cornea from surrounding vessels."

In order to ascertain how these structures escaped from vessels, he experimented on frogs, which he first paralyzed by means of curara (a poison which, given in small doses, does not influence the circulation). He selected male frogs, and, by a particular arrangement, placed the mesentery under a microscope so as not to interfere with the circulation. He found (1) that the arteries become dilated; (2) that more slowly, but to a greater extent, the veins undergo the same change; (3) that the capillaries also become widened; (4) that with these alterations the circulation becomes slower; (5) that after a time in the veins a peculiar change occurs. The layer of the blood stream, next the walls of the blood-vessels, instead of presenting the natural clear appearance, becomes filled with white corpuscles, which gradually accumulate, and move more and more slowly, until at length they stop; while the red column continues to move in the centre. But presently another change appears. "On the outer contour of the venous wall there appear small, isolated, colorless, bud-like elevations, as if the wall itself were forming small outgrowths; gradually these enlarge. After a time, the half of a spherical body of the size of a white blood corpuscle appears. This, after a time, becomes pear-shaped, the broad end from the apex pointing towards the vessel. From the rounded end numerous little processes project, and the corpuscles assume various forms. Above all, however, the mass separates more and more from the vessel, and, at last, we see a colorless, somewhat shining, contractile corpuscle with one long and several short processes"; in fact, a white blood corpuscle. This process goes on, on many parts of the venous wall, which nevertheless remains intact.

When the capillary current is much impeded, a similar change occurs, but the red as well as the white corpuscles pass out.

The slowness of the circulation and the accumulation of the white corpuscles depend upon the dilatations of the vessels. How, in what way, and by what power do the corpuscles pass out? Cohnheim finds that in the interior of the veins, capillaries and arteries, there are stomata similar to those demonstrated by Recklinghauser and Oedmanson in the walls of serous cavities, and that these communicate with canalicular spaces. It is by these openings that the corpuscles pass out. As to the power, he believes that it is by the peculiar amœbalike contractility that they escape. During these processes he finds the rest of the tissue unchanged; the cells covering the peritoneum are unaltered, even when they are covered with a layer of lymph and pus.

These results, obtained by experiments on frogs, he has verified by examinations on young rabbits and cats.

He would thus transfer the seat of pus cell formation from the connective tissue to lymphatic glands.

In the conclusion of his paper he remarks that it will be necessary, in some degree, to modify the prevalent theories of acute inflammation—at least of that form which is accompanied by suppuration. “For this species of inflammation the vessels again come into the foreground. Without vessels no inflammation, dilatation of vessels, injection and hyperæmia, the necessary first stage. In vascular parts it is their own vessels; in non-vascular, those of surrounding structures, that supply, as in ordinary nutrition, the plasma; in inflammation the pus corpuscles, as a second requisite for the occurrence of suppuration, necessitate the presence of spaces which permit a moving forward, and an accumulation of colorless corpuscles,” and such spaces are formed by the connective tissue.—*Edinburgh Medical Journal*, from *Virchow's Archiv*.

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#### *Iodine and Carbolic Acid.*

The *Journal des Connaissances Médicales* publishes a letter addressed to Dr. Caffee on Dr. Percy Boulton's late discovery of the action of carbolic acid on iodine. “The inconvenience,” says the writer, “attending the external application of iodine and its preparations is so serious that physicians are often compelled to abandon a remedy the therapeutic efficacy of which is undoubted, nay almost unequalled in *materia medica*. The great objection to the external use of this remedy is, that it leaves marks both on the linen and on the skin. This is a sufficient motive for seeking



some means of getting rid of this drawback, especially in the case of ladies. Dr. Percy Boulton's method consists in adding a few drops of phenic (carbolic) acid to the iodine solution to be employed. This addition renders iodine perfectly colorless, so that it may be applied with impunity. But this combination has another advantage. It appears from that practitioner's observations, which I can affirm, that, so administered, carbonate of iodine, which is the new substance in question, is not only one of the most powerful antiseptics we possess, but is intrinsically a more efficacious agent than iodine alone. I have used this compound under the form of injections, gargles, and lotions, in all cases in which iodine is prescribed. In sore throat, ozæna, abscess in the ear, &c., this preparation is a sovereign remedy; since, besides its disinfecting qualities, it modifies the mucous membrane, causes all local sensibility to disappear, and cures the patient much sooner than if either of the two agents were employed separately. The formula I employ is as follows: Compound tincture of iodine, 3 grammes; pure liquid carbolic acid, 6 drops; glycerin, 30 grammes; distilled water, 150 grammes. —*Sci. American.*

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*Position in the Reduction of Inguinal Hernia.*

Several years ago, I had a case in which the patient could not reduce an inguinal hernia, while lying in bed either on his side or his back, but as soon as he stood on his feet there was not the least difficulty. If, on removing his truss before going to bed he neglected to apply his hand to the part, and allowed the rupture to protrude, he had always to get up on his feet before he could reduce it. Soon after this, I was called to a case of strangulated inguinal hernia. After making every effort in the usual way to reduce it, I directed the patient to stand up; I placed myself (also standing) behind him, and encircled his body with both my arms, grasped the tumor with both hands, and effected in a few minutes what I had failed to accomplish in as many hours. Since then, I have had many cases of inguinal hernia in my own practice, and several where I have been called in consultation, and have never failed to effect a reduction in a few minutes in the way I have described. I have never seen this means tried in the Hospital in Philadelphia nor in the London Hospital, although in both these institutions I have repeatedly seen all efforts fail to reduce an inguinal hernia without an operation. Nor have I ever seen it recommended in any surgical work.

My object in ~~sending~~ you this communication is to ask my medical brethren of the metropolis to give the erect posture in the reduction of inguinal hernia a fair trial, and to publish the results. In femoral hernia the erect posture has never succeeded in my hands—in three cases I have been obliged to use the knife—in inguinal never. I will not attempt to account for the use of the erect posture in the reduction of inguinal hernia, nor for its failure in femoral. It may be thought that the erect posture favors reduction by causing syncope, but in only two cases do I remember that a feeling of faintness was complained of. In the last case (only a few days ago) the patient, an old man, fainted and fell as soon as the gurgling began to be felt, and I finished the reduction while he was prostrate.—*Letter from Dr. BOND, to the Medical Times and Gazette.*

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## EDITORIAL.

### "Saturates."

EVER since we have been connected with the Medical profession, we have taken a lively interest in every subject of reform and improvement connected with medicine. Especially has this been the case with everything affecting the preparation of medicinal agents. The most learned and the most experienced physician will fail in practice if his remedies are not reliable; and to improve our *Materia Medica*, we have labored for many years, and we have, as editor of the *Eclectic Medical Journal*, the *American Eclectic Medical Review*, as well as in our Lectures continually called the attention of physicians to the imperative necessity of compelling our Pharmacutists and Druggists to prepare our medicines in such a way as to give the greatest certainty in their action, and purity in all their forms. Since we have begun this work, we have seen our *Materia Medica* changed into almost every possible form as regards the method of presenting the products of our indigenous plants. "Fluid extracts," "solid extracts," "essential tinctures," "alcoholic fluid extracts," "resinoids," "alkaloids," "active principles," and lastly "saturates." As we have written much about all but the last form of preparations, we will now call the attention of the readers of the *Review* to them. They are prepared by the New York Pharmaceutical Company, at

their extensive Laboratory at Bedford, Mass. Here the Company own the Bedford Mineral Springs, one of the most valuable and beautiful pieces of property in the United States. Last summer we made a visit to the Springs and Laboratory, which is under the immediate charge of W. R. Hayden, M. D., who gives his special attention to the preparation of every article. These medicines are, as their name indicates, *Saturates*. After the crude material is reduced to a powder or crushed condition, it is subjected to the action of pure alcohol, and allowed to stand until all its medicinal principles are removed by percolation, after which the residue is placed under a powerful press, sufficiently so to remove every drop of remaining active principle. There is no heat used in any way connected with this method of preparation, which, in the opinion of many of our very best practitioners, is a very great advantage, and saves much of the active principle, as well as all the original aroma belonging to each plant. Dr. Hayden has worked constantly during the last year to bring out a complete list of all the indigenous plants, and he has already over fifty of the leading preparations, and he is still adding others to the list. These preparations have already received a large sale, and they have given general satisfaction, and no doubt they will at once take their place among the valuable preparations of our indigenous materia medica, which at this time are attracting so very great attention in this country as well as Europe.

Every enterprise of this kind should aim to effect greater improvements in this part of medical science. How much better it is to see our various manufacturers of medicine evince a spirit of progress than to stand still.

Manufacturers should make pure medicines, regardless of the cost. Let them charge a sufficient amount to make their business profitable, for a physician who is too parsimonious to pay what pure medicines are worth, should not be allowed to deal with human life, for often the want of a single portion of pure medicine costs the life of a human being. Cheap doctors and cheap medicines are always in proximity to a well-filled grave-yard. The manufacturer of medicines who would impose upon the practitioner a counterfeit medicine, or the practitioner who would use such medicines because they are cheap, should be left without the patronage and confidence of honest people.

#### Stillingia.

IN our last number we said that we had relied upon this agent exclusively in the treatment of uncomplicated Syphilis. By this we

wish to be understood, that in all cases where mercury or arsenic have never been used in any form, and the system not poisoned with those agents, the *Stillingia* alone will cure any case of Syphilis. When those poisons have been used, it will be necessary to add the Iodide Potassa to the *Stillingia*.

### *Silphium Gummiferum.*

#### *Resin Weed.*

THIS article was mentioned in a late number of the Review as a new remedy, and one entitled to great consideration in the treatment of Asthma and Bronchial irritation. This has been extensively used in the last three months by our practitioners in all parts of the country; the report of every one is decidedly in its favor.

### *Agrimonia Eupatoria.*

#### *(Agrimony.)*

As a diuretic in all the ordinary conditions requiring this class of agents, especially in Gonorrhœa, Diabetes, and Albuminuria, this has been found worthy of all confidence. It is mild and soothing in its action.

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### *Cod Liver Extract.*

WE desire to call the attention of the Readers of the Review to a preparation of Cod Liver made into an extract, and offered to the public in the form of Dragées. It would be useless, on our part, to notice the history of Cod Liver Oil as a curative agent. Its remedial value has been too long established, and its efficacy in the treatment of a variety of diseases too fully confirmed, to require further mention. Its exceedingly disagreeable and offensive taste has hitherto restricted its more general use in many cases where it was strongly indicated. Numerous attempts have been made by pharmacutists, and others interested in its manufacture, to prepare the oil in such a manner as to get rid of this nauseating quality, or find some vehicle which would disguise its unpleasant taste. It is only through the labors of M. Guffroy and Despinoy that this important desideratum has been successfully obtained. The investigations instituted by these gentlemen have resulted in the introduction of



Cod Liver Extract as a medicinal agent. In this preparation, we have not only all the active therapeutical principles of the cod liver, but these medicinal principles exist in larger quantity in the watery extract from which the dragées are prepared than in the cod-liver oil.

We commenced the use of the dragées soon after their introduction into this country. We had long felt the want of an agreeable medicine which should contain all the efficient principles of Cod-Liver Oil, and thus supersede the use of so nauseating a substance. Our favorable attention was first directed towards the Cod-liver Dragées by the flattering testimonials which they had received from some of the most celebrated physicians of Europe. We have used them in a large number of cases, and, as our experiments have extended over a period of several months, we have had ample opportunity to test thoroughly their therapeutical effects; and we have no hesitation in expressing ourself as well pleased with the results which have attended their use. We have used them principally in incipient phthisis and in anæmic conditions generally, from whatever cause produced. In two or three cases of pulmonary tubercle, where all the means which are generally recommended had failed to give any benefit, we commenced the use of the Cod-liver Dragées. This treatment was followed by a speedy amelioration of the symptoms, and a gradual restoration to health. Another case, in which the superior efficacy of Cod-liver Extract was peculiarly marked, was that of a lady who had been in feeble health for years. At the time she came under our treatment, she was suffering from dyspepsia in addition to a pulmonary disorder. She had had two or three hemorrhages from the lungs, and presented all the symptoms of a person far advanced in phthisis. A persevering use of the Cod-liver Dragées for several months, with the addition of iron, has resulted in a gradual but decided improvement.

Pulmonary complaints are most generally fatal during the winter months; and those persons predisposed to such affections should continue the Cod-liver extract during the summer months, so as to have the system toned up and fortified against those exciting causes which prove so disastrous.

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#### The Last of the State Medical Boards.

In January last, Mr. Calahan attempted to revive his project in the Constitutional Convention, of State Boards to license all prac-

tioners of medicine and druggists. A committee was appointed, consisting of Messrs. Calahan, J. Stanton Gould, and Dr. Harding Bromel, by whom an article was reported. It was taken up in its order by the Convention, duly considered in committee of the whole, and reported to the Convention; on motion of Lieut.-Governor Alvord, it was then stricken out.

Since that time, Hon. Francis S. Thayer has introduced a bill into the Senate at Albany, providing for a Board of State Censors, to be appointed by the Governor from candidates nominated by different State Medical Societies. They are to examine all candidates for medical degrees, and those who pass examination are to receive diplomas, some as physicians, and others as physicians and surgeons, from the Secretary of State. It is hardly probable that the measure will be enacted, nor would it be likely, if passed, to accomplish much good. Medical learning is of incalculable importance, and yet good physicians, like poets, are born, not made.



## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

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## NEWS AND MISCELLANY.

### LETTER FROM PROFESSOR JOHN KING, M.D.

The following is a letter from Dr. King, of Cincinnati. Although it was not designed for publication, yet, as the subject of the appointment of a Medical Board has excited such general interest, and as the views herein expressed are eminently sound and practical, we cannot forbear favoring our readers with a perusal of it.

PROF. R. S. NEWTON, M.D.,

DEAR DOCTOR :—I have just noticed a publication that apprises me of the coalition of allopaths and homœopaths to secure the passage of a bill in your State Legislature to appoint State Medical Censors,

or Examiners, &c. Doctor, this bill must not pass; and I am surprised at the action of the homœopaths in this matter.

Such a bill, no matter how liberal or how fair may be its features at present, is but the *entering wedge*; once passed it will be legislated upon from time to time, until it shall be made to suit old-schoolism.

It seems to me that an examination of a College Faculty should be sufficient; for it is to the interest of a College that its Faculty should graduate none but deserving men. The success of a College is based upon the skill and success of its graduates. Besides, if such a law as referred to above is designed to prevent favoritism in graduating candidates, it will fall short of its object. For experience has shown us that State and government officials are exceedingly prone to favoritism; while on the other hand a Faculty will be much less so—their interests and that of their college being at stake.

As I understand the bill, I could not come into your State to practise medicine without undergoing an examination and receiving the State Diploma—neither could any practitioner from foreign States. This is contrary to the principles of this government, and I doubt much whether the Supreme Court of the U. S. would sustain it. Such a bill *would ruin your school*, and this I believe it is designed to accomplish. For when, as will ultimately be the case, old-schoolism gets the best of this bill, the ease with which their students would be graduated, and the difficulties yours would encounter, would drive students from your college to theirs.

The friends of Eclecticisim in your State must not sleep, they must be up and doing—not only watching, but *acting*, to save themselves from the saliva of the anaconda, lest they be entirely swallowed. Send petitions for signatures all over the State—send good speakers for the cause to Albany, to tell the Legislature the truth—secure friends in the Legislature, and among the prominent papers of your State. I know this enemy much better than you do—I know his tricks of past years—and am not to be now deceived or cajoled by his sugar-plums.

If a law be at all necessary, the following points should, at all events, be secured:

1. The Censors to consist of an equal number of physicians from all medical schools or sects that have chartered institutions; *and that the students of each sect be examined only by their own censors.*

2. That all physicians of chartered institutions now in practice in any part of the United States, shall not be included in this bill, but may practise in the State as heretofore.

3. All graduates of chartered institutions in other States, shall, upon presenting their diplomas to a proper officer, receive from him a State license to practise, paying therefor a reasonable fee. This to apply to any class or sect of practitioners.

These are important points for you, and while it would prevent the quackery referred to in the present bill, it would also effectually head off any future designs upon the interests of your College, as well as against the spread of Eclecticisim in your State.



I make these suggestions for you and our mutual friends in the great cause of Medical Reform and Medical Freedom to fully weigh and consider. "No Church and State!" "No Medicine and State!"

Your friend, truly,

JOHN KING,

Cincinnati, Ohio, Feb. 6, 1868.

No. 245 Court street.

ECZEMA.—Dr. Jones writes:—In March, 1867, I was attending a patient in E street, and at one of my visits, as I was about to leave, I stepped from the room of my patient into the hall, when I heard such agonizing screams from a child who was in a room on the opposite side of the hall, that I was startled, and, as it continued with its pitiful supplications, "Don't, ma, don't, ma," I rushed into the room involuntarily, to learn the cause of all this outcry. I there saw a little boy with his face so much swollen that he could scarcely see out of his eyes, and as raw as beef. His ears were an inch thick, perfectly skinned; also his neck and scalp in a similar condition. I learned from the mother that she had just been applying (an anodyne with the doctor's directions) corrosive sublimate and alcohol; and she informed me that her child had been under treatment about nine months, and that she had been using the last wash four or five days. The doctor had just left, and ordered it to be continued.

At her request, I took charge of the case. I diagnosed it as Eczema. The only treatment I directed was the use of the following ointment; and, I may remark, it is the only treatment that is required in many similar cutaneous diseases, such as *Tinea capitis*, *Porriago* or *Tinea annularis*, *Scald head*, etc. I accomplished all I promised in the case in eight days.

|   |                |                   |
|---|----------------|-------------------|
| R | Common Tar,    | lbs. 1 ;          |
|   | Mutton Tallow, | " $\frac{1}{4}$ ; |
|   | Canada Balsam, | " $\frac{1}{4}$ ; |
|   | Sweet Oil,     | " $\frac{1}{8}$ . |

I simmer the tar, tallow, and oil for one half-hour, strain through a wire strainer; when somewhat cooled, I add the balsam, and stir until cold. I know of no equal to this ointment for the cure of such diseases as I have mentioned.

Some have expressed fears that healing the eruption so suddenly might affect the lungs. I have never had but one case that I had any reason for suspicion, out of some hundred cases.

I wash the surface of the parts with simple warm water, dry it off with a muslin cloth (omit soap as positively injurious), and then apply the ointment usually three times a day, washing with the warm water morning and evening. I am compelled in some bad cases, for the purpose of cleansing the parts, to apply oil and soap once in three or four days; then dry the parts with the muslin, and apply the ointment as before.

NEWBURGH, N. Y.

TO THE PROFESSION.—We are not aware that any “Table of Incompatibilities” for the Concentrated Alcoholic Fluid Extracts has ever yet been published. We are now preparing such a table, so that it may be seen at a glance which of the fluids may be mixed without causing a precipitate: in other words—*Compatible*.

We are also preparing formulæ of “Eligible Mixtures” on the following plan: Taking one leading article of each class, we show what are the *best adjuncts* to increase its efficacy, modify its disagreeable qualities, and render it at the same time more pleasant to the taste. For example, in the list of cathartics, taking Podophyllum as the leading article, what will increase its scope of action and remove its irritating properties? In this case the following will be found both efficient and agreeable:

|                                   |          |
|-----------------------------------|----------|
| Alc. Fld. Ext. Podophyllum Pelt., | gtt. xx; |
| “ “ “ Leptandra Virg.             | “ xl;    |
| Neutralizing Cordial,             | 3 ss.    |

Mx. for a dose.

The above forms a clear mixture; the alkali of the cordial, neutralizing the acidity of the gastric juice, prevents the precipitation of the Podophyllum, while the Leptandra lends its cholagogue effect, and easy bilious stools result, without nausea or griping. We have here a very elegant and efficient cathartic, as any one can easily demonstrate provided he uses reliable preparations. The same plan will be pursued with regard to diuretics and the various other classes.

We trust our idea is apparent, and we are induced to prepare such a table to meet the wants of the profession, as we are satisfied, from our own investigations and the rapidly increasing popularity of reliable Conc. Alc. Fluid Extracts among physicians, that they are justly regarded as the very best—the most efficient and convenient form in which vegetable agents can be administered. Below we append a list of questions, and would be glad to receive answers to one or more of them from any physician who feels an interest in having such a table compiled. The questions are given merely as a guide, and we will be happy to receive any information, suggestions, or wants that may be useful to us.

1st. What single remedy, or preparation, do you find incompatible with water, the solubility of which in that menstruum is desirable?

2d. What single remedy, or preparation, do you find incompatible with alcohol, or any other menstruum in which it might be desirable to dissolve it?

3d. Name the preparations or principles that do not readily unite with each other to form smooth mixtures, or by admixture change, injure, or destroy the properties of each other.

4th. Name such simple remedies that it would be advisable to combine provided any decomposition or change could be avoided.

5th. Name the modification in the therapeutic action of any leading article it is desirable to obtain.

Many apparently incompatible agents may be united so as to re-

tain valuable therapeutic powers by the proper method of admixture.

Address HART & DAY, Empire Chemical Laboratory, 221 East 26th street.

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### MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.

(Reported for the Boston Journal, January 8, 1868.)

The semi-annual meeting of this society was held yesterday at the Revere House. The meeting was called to order at half-past ten o'clock by the Secretary, Dr. C. E. Miles, of Roxbury—the President, Dr. J. M. Aldrich, of Fall River, being absent. Dr. J. S. Andrews, of Taunton, was chosen President *pro tem.*, after which the Secretary read the minutes of the last meeting.

Dr. R. W. Geddes, of Winchendon, submitted the report of a committee appointed at the last meeting to consider the subject of providing a substitute for alcohol. After giving the subject a thorough investigation and analysis, the committee had failed to discover any solvent which would take the place of alcohol. The report was accepted, and the thanks of the Society were tendered to Dr. Geddes for the same.

Dr. Aldrich, the President, having arrived, took the chair, and announced the next business to be the reading of essays.

Dr. Otis M. Humphreys, of Boston, then read an essay upon the "Specific Therapeutic Action of Medicine," which was an elaborate and scientific production, and was listened to with the closest attention. The paper evoked some discussion, Drs. Miles, Andrews, Underwood, and others, taking part. During this discussion the subject of concentrated remedies was very fully commented upon.

On motion of Dr. Andrews, a Committee, consisting of Drs. Underwood, Humphreys, and Andrews, were appointed to consider, and report at the next meeting, upon the subject of the manufacture and relative value of the various concentrated eclectic remedies.

Dr. H. D. Jillson, of Ashburnham, who was expected to read an essay upon Prolapsus Uteri, excused himself, on account of recent illness, but he delivered a brief verbal address upon the subject. In aggravated cases of the complaint he recommended, and minutely explained, the use of a new bandage, which was an improvement upon that usually used in the treatment.

Dr. Hubbard made a few remarks upon the same subject.

At the conclusion of the discussion an adjournment of one hour was had for dinner.

Upon the reassembling of the meeting, Dr. Stowe presented the request of Dr. Ordway, of Lowell, for a discharge from the Society. The request was granted, and, on motion of Dr. Stowe, the name of Dr. Ordway was proposed to the Executive Committee for honorary membership.

A letter was read from Dr. Allen, of New York, asking to be discharged from membership of the Society, for the reason of removing

to another field of labor. Some discussion arose upon a motion to refer the name of Dr. Allen for honorary membership, as had been done in the case of Dr. Ordway. Upon a vote, the same disposition was made.

Dr. Comins, a representative from the New York Eclectic Society, next addressed the meeting upon the present state, and efficiency, and facilities of that Society. There were in New York city 19 public infirmaries which were of access to students. A prominent English physician, who had visited New York, declared that the facilities offered in that city were superior to those of London, Paris, or Vienna, and consequently superior to any in the world. Dr. Comins closed his remarks by offering the following preamble and resolution, which was adopted :

*Whereas*, The efforts of the pioneers of Eclectic Medicine have broken down much of the opposition arrayed against it, and are now sailing on the vast sea of medical improvement and reform under the broad banner of free thought and investigation, selecting whatever is valuable from every source, therefore,

*Resolved*, That we, as a body and individually, lend all our efforts to build up its institutions, to promote and further the cause throughout our whole land, discountenancing quackery and error, and encouraging investigation upon the principles of science.

Dr. Humphrey exhibited and explained Hodges' elevator, for use in cases of prolapsus uteri, the merits of which were made manifest to the medical gentlemen present.

A vote of thanks was passed to the New York society for a supply of the annual reports of the proceedings of that body.

After some further discussion upon the manufacture and sale of concentrated eclectic remedies, the meeting adjourned till the annual meeting of the Society on the first Thursday in June.

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CONTRIBUTIONS TO MEDICAL JOURNALS.—Dr. T. Parvin, the accomplished editor of the *Western Journal of Medicine*, in remarking upon our recent leader on Medical Authorship, makes the following pertinent comment :—"We have now at least a dozen articles, received within six months, which we will be glad to publish when time occurs for revision. Sometimes, however, such revision costs a subscriber, for there are some men who, actuated by benevolence or love of small notoriety, will send articles abounding in the grossest violations of orthography and syntax—violations such as a child of ten years, who has been properly educated, would not make, and in complicated and involved sentences; and when these articles, subjected to competent medical revision, are rewritten in good English and then published, become virtuously indignant and 'stop the *Journal*.' Publish such an article as sent, and the offence is equally great or greater, and at the same time you disgrace your periodical; decline publishing, and the would-be contributor is just as indignant, and thinks your *Journal* is a poor thing. How can we escape Scylla without running against Charybdis?"—*Med. Record*.



AMERICAN  
ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

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VOL. III.

APRIL, 1868.

No. 22.

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ORIGINAL COMMUNICATIONS.

Concentrated Medicines. \*

BY P. ALBERT MORROW, M. D.

MR. PRESIDENT:—It may be remembered that on the occasion of our last stated meeting there was presented by the regular essayist for the evening a very excellent paper on the Preparation of Medicines. During the discussion which followed, it transpired, that what are commonly termed Concentrated Medicines, had grown into decided disfavor with some of the members of this Society. Not only were these preparations condemned as such, but the possibility of obtaining the active medicinal principles of plants in a highly concentrated form without impairing or entirely destroying their therapeutical virtues, was seriously questioned. Believing as I do, Mr. President, that such condemnation of this class of remedial agents is entirely too unqualified and absolute, I have undertaken in this paper to indicate a few of their points of excellence, and even of superiority.

The most inattentive observer cannot fail to note the broad difference which distinguishes the treatment of disease at the present day from what it was a quarter of a century ago.

\* Read before the Eclectic Medical Society of the City of New York, March 18, 1868.

The practice of medicine is now characterized, not only by a more accurate diagnosis of diseased conditions and by a more rational and successful application of remedies to fulfill pathological indications; but this difference is even more marked in the character and quality of the medicinal agents which are administered. Instead of those crude agents and absurd combinations which, from their nauseating taste and uncertain action, were so repulsive to patients and so unsatisfactory to practitioners, it has now become the custom to use medicines which are pleasant and agreeable, and which approximate to a degree of positiveness in their action. That this is an improvement, every one will admit. It is an improvement which has resulted, partly from our more intimate acquaintance with physiological laws and the essential nature of disease, and partly from the labors of Eclectics in the development of our indigenous *Materia Medica* and the introduction of a superior class of agents in the treatment of disease. When we consider the character of the medication formerly employed—how patients were bled, blistered, and dosed with nauseous mixtures and poisonous agents, and how totally absurd and irrational the whole plan of treatment practiced, we cannot wonder that the medical art had fallen so low in public estimation and in the confidence of its practitioners. It is therefore not surprising that many intelligent and conscientious physicians, observing the results of such practice, believed it wiser to refrain altogether from interference with diseases, than to commit themselves to a treatment so uncertain and too often attended with such dangerous results. Hence it is that they became skeptical as to the curative powers of drugs, and had come to believe that there was no art and science in medicine. As a natural outgrowth of these conditions, there arose a class of physicians, who, shunning this heroic and barbarous treatment on the one hand, and not running to the opposite extreme of a do-nothing expectancy, believing that the vegetable kingdom furnished valuable therapeutic resources, turned their attention to the exploration of our medical botany, and substituted safe and sanative remedies in the place of those per-

nicious agents formerly so much in vogue. Although the labors of Eclectics have in a measure redeemed our art from the disgrace in which it had fallen, yet when the improvements in therapeutical science are contrasted with the advances made in Physiology, and Pathology the comparison is far from flattering. The researches and investigations which have been going on in Physiology within the last few years, have given us a clear and philosophical explanation of the functions of the human system—revealed to us many of those mysterious and subtle laws which govern vital action, and elevated it from the domain of a speculative to that of a positive science. The advances made in Pathology have resulted in a more complete and accurate knowledge of the history of disease, and sounder principles upon which to base our treatment. The exploration of diseases by physical signs and by the chemical and microscopic examinations of products, has furnished us the means of investigating symptoms and referring them to the organic lesions on which they depend, and has thus given a precision and positiveness to diagnosis which is the greatest achievement of modern medicine. When we turn our attention to the development of therapeutical science, and consider how much it has added to our power of alleviating and curing disease, we must admit that its progress has been comparatively insignificant. It has long been the *opprobrium* of the medical profession, that we possess but few agents of specific therapeutic powers, and that in the exhibition of medicines we are groping blindly in the dark, without any positive knowledge of the effect they will produce. The question here naturally arises, What has been the cause of this failure in our resources against disease? It is not because we have not had earnest and diligent workers prosecuting their labors in this field of experimental research, nor is it attributable to the fact that these labors have been barren of results, for our *Materia Medica* has certainly been enriched by many agents of unquestionable therapeutical worth. But while there has resulted a multiplication of remedies, it must be confessed that there have been given us but few agents positive and reliable in the

cure of disease. The cause of this is no doubt chiefly due to the *varying qualities* and *uncertain action* of the medicines administered. The requirements of the healing art demand that our remedies should be positive in their character. The importance of this point has been too much overlooked. It is something which intimately concerns the reputation and success of every individual practitioner. His diagnosis may be correct and his prescription perfectly appropriate ; yet if the remedy be defective or unreliable, the patient fails to receive benefit and the reputation of the practitioner is injured. How often have physicians found that while a certain medicine produced a certain effect, another preparation of the article precisely the same, so far as physical appearances would indicate, is modified or entirely altered in its action. The truth is, too little attention has been paid to the most appropriate and effective method of administering medicines. The influence of pharmacy on the development of the healing art has not received that consideration which its importance demands. It is only within a few years past that Eclectics have begun to recognize this fact, and to devote special attention to the preparation of medicines of uniform strength and with clearly defined properties.

Every one is familiar with the fact that the medicinal virtues of plants reside in certain proximate principles. Organic chemistry has shown us that a large proportion of the bulk of the plant consists of constituents essential to its nutrition, but totally inert, so far as any medicinal action is concerned. It is also well known that the proportions of the active constituents widely vary, according to the conditions of soil, climate, etc., which may be present, and the season in which it is gathered. The influence which these conditions exert upon the development and perfection of the medicinal principles, is too well known to deserve farther mention ; the point which chiefly concerns practitioners, is simply this : that crude plants differ widely as to the amount of active principles they contain, and that it is impossible to judge of this amount from their physical appearance or sensible properties. The relative proportions of the alkaloids, morphia



and quinia, in the different specimens of the crude opium, and cinchona bark, are familiar examples of the truth of this proposition. Chemical analysis has shown us that the yield of the morphia principle in different specimens of opium, varies from 2 to 18 per cent., and the same objection of the variable quantity of active constituents, may be applied with even greater force against the use of other crude agents. Hence, we see how utterly impossible it is for medicine to ever be divested of that uncertainty and indefiniteness which attends its practice, so long as we employ agents in their crude forms. It would seem, then, that the principle on which the preparation of concentrated medicines is based, *i. e.*, that of isolating the active medicinal principles of plants from the non-medicinal constituents with which they are blended, and presenting them with their properties clearly defined, and of uniform strength, is the only way in which we can procure medicines positive and reliable in their action upon the system. As far as I am apprised, this is the only form of preparation in which the entire separation of the therapeutic from the nutritive constituents of the plant is effected, and therefore, the only preparations which are not open to the objection that they lack uniformity in strength, and are liable to destructive alterations. Besides these essential qualities, they possess many desirable characteristics, such as diminution of bulk, convenience of administration, etc., which commend them to the favor of practitioners. By comparing the relative merits of the different forms of preparations, many other points of superiority might be demonstrated, but such an examination cannot be entered into without exceeding the proposed limits of this paper.

It has been cited as an objection against this method, that nature in her laboratory perfects the plant for the use of man, and that in all preparations the natural condition and combination of its constituents should be preserved. But while this objection may be so plausible in theory, it is wholly untenable on any practical grounds. The searching powers of analysis have demonstrated that the active medicinal principles of plants are combined with a large proportion of inert

matter and constituents, which produce unpleasant effects; and clinical experience has proven, most incontestably, that medicines prepared to the exclusion of these inert and noxious elements, are more prompt and efficacious in their action, and come nearer fulfilling all the essential conditions of a positive remedy.

Another objection has been urged, that resinoids and alkaloïds are only fractional representatives of the therapeutic properties of the plant, and do not always produce effects analogous to the crude plant from which they are derived. This, so far from proving an objection, is rather an argument in favor of this process. It is well known that some plants contain many distinct medicinal principles. One principle may be tonic, another stimulant, another astringent, while a fourth may differ widely from either of the others in its effect upon the system. Each one of these principles impresses the organism in a manner peculiar to itself. How then is it possible to discriminate between the effects of a remedy and the symptoms of the disease, when we employ a complex organic compound with such diverse therapeutic powers? How often do practitioners reject a valuable agent in conditions where it would be indicated, did it not possess a certain therapeutic influence which makes it objectionable. The only way to obtain precision in prescribing, is to determine definitely the therapeutical powers of each individual principle, and, when we wish to secure the total medicinal virtues of a given plant, to recombine these active constituents as we deem advisable. Some physicians, while they admit that this process is very beautiful in theory, contend that, practically, it is impossible. What has been done in extracting morphia, quinia, podophyllin, gelsemin, etc., it is fair to presume may be done with every other vegetable remedy. If it has not proved so successful in the case of other agents, it only proves the imperfection of the chemist's skill, and not the falsity of the principle on which they are prepared.

In offering these suggestions, I do not wish to be understood as saying that the preparations of any one manufacturer are perfect, or are wholly worthy of the confidence

of the practitioner. From the very conditions of their manufacture, many of them are necessarily imperfect. It is only within a few years past that chemists have begun to turn their special attention to this branch of pharmaceutical science, and it cannot be expected that the processes of manufacture are in every respect complete, or that the resulting preparations are perfect as they might be. Besides the necessary imperfections in the manufacture, there are other influences which have operated in bringing many valuable remedies into disrepute. When this peculiar feature in the improvement of remedies began to be manifested, Eclectic medicine was then in its infancy. There had not been a rigid testing of the remedies introduced. Our manufacturers were not dealing with medicines whose value had been established by long-continued use. Consequently, it is not surprising that, in their zeal to advance their interests, they imputed to them many properties which, on experiment, they have not been found to possess, and, as a natural consequence, they have been brought into disfavor. But the true remedy for this seems to me to lie, not in a wholesale condemnation of this entire class of agents, but in subjecting them to more rigid test, and thus determine definitely the whole range of their medicinal virtues. The point which I am contending for is, that the principle on which concentrated medicines are prepared is the true one. It is a step in the right direction, and the only way in which medicine can be stripped of the uncertainty which attends its practice, and elevated from the condition of a blind empiricism to the rank of a science. It is hardly probable that medicine will ever attain the dignity of a positive science, if it be considered that a science approximates perfection, just in that degree in which we can determine results beforehand with precision. It is hardly probable that we will have specifics that will cure disease under all circumstances. The habits, constitution, and temperaments of individuals, are so infinitely varying, and exert such a modifying influence over the action of medicines, that their curative powers can never be absolute and constant. Although we can never predict with absolute and

unerring certainty what the effect of a given remedy will be, yet there is no doubt but that much can be accomplished towards this end, if medicines can be obtained of uniform strength and purity.

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Clinical Record of Cases treated at the Eclectic Medical Dispensary.

ATTENDING PHYSICIANS, PROF. C. T. HART, M. D., AND JAMES DAY, M. D.

(Continued from page 120.)

CASE 5080.—*March 2.*—On examination of urine, we find it clear, containing only the normal amount of epithelium and mucus—no spermatozoa. Patient says nocturnal emissions have ceased, and there is no discharge of semen with the urine, or after defecation.

There still exists pain in lumbar and hypogastric region, with debility and nervous prostration (the urine containing a large excess of phosphates).

We here discontinue the injection of strychnia, and put him on the following :

℞ Comp. Tonic Mixture,\* 3 iij.  
Alc. Fld. Ext. Leptandra,  
“ “ “ Agrimony, aa. 3 ij.

Dose, one teaspoonful three times daily. We recommend the daily use of the sponge bath, with a weak solution of common salt.

*March 16.*—Much improved.

CASE 5095.—Mrs. W——. Age 32. Widow. Presents herself Feb. 22d, to be treated for supposed secondary syphilis. She has been under the care of several physicians in this city, three of them having examined her, and all treating her for syphilis. She has had, however, *no* constitutional symptoms at any time, not a blemish on the skin or mucous

\* The Compound Tonic Mixture is the syrup of the (acid) phosphate of iron, quinia, and strychnia, as prepared by “Hart & Day,” from the celebrated “Aitkin” formula.



membrane of mouth or nose. Under their treatment she continued to grow worse, the discharge and pain increasing, and the general health suffering severely. On examination we found the mucous membrane of the vagina healthy in every respect. No sign of ulceration, or of it ever having existed, either in the vagina or external surface of the uterus. The cervix was evidently hypertrophied, and in subsequent examination found to be indurated, with a bluish-black line around the os. On attempting with the greatest care to pass a Simpson's sound, she complained of intense pain; on passing the cervix, the sound could be introduced about quarter of an inch, and produced intense agony—its withdrawal followed by hemorrhage, and a large quantity of ash-colored discharge, entangled in clear mucus, and very fetid. We diagnosed the case to be one of severe inter-uterine ulceration, verging on a cancerous condition. We might here say, she had always been very regular in menstruation, and that that secretion had been normal in every respect.

We used an injection to the uterus of sesquicarb. of potassa and hydrastis (in infusion), by means of a uterine syringe. Each application was followed in twenty-four hours by hemorrhage. We then used the sulphate of zinc with similar results. We are now using carbolic acid and glycerine in the following manner: Liquid carbolic acid\* and glycerine are mixed in equal proportions. This is applied by means of a probang to the external surface of cervix and os-uteri (the object of this is to remove induration). We then take twenty drops of this solution to  $\text{℥j.}$  of water, and inject the cavity of the uterus, being sure that it reaches the body of that organ. We have tried this but three times, and it has been attended with the happiest results. The ash-colored discharge and fetor have entirely disappeared, there being nothing but clear

\* In using carbolic acid, we would suggest, for uniformity, to employ only the crystals. If these be placed in a test-tube, or bottle, and warmed, they will become liquid, and can then be diluted to any extent desired. The acid having been weighed before melting, the operator will know precisely how many grains are contained in a given quantity. This is advisable, on account of the variations in strength of the commercial solution.

mucus, and that very much reduced in quantity. Her health is greatly improved, and she says that she feels better in those parts than she has for months. To remedy the disastrous effects of past medication, we administer internally,

Compound Tonic Mixture, ℥ iss.

Alc. Fld. Ext. Hydrastis, ℥ ij.

“ “ “ Leptandra, ℥ ij.

Coch. : minim. ter in die sumend.

We shall speak more of this in our next report. D.

### A Remarkable Freak of Nature.

BY O. E. NEWTON, M. D.

ABOUT the first of this month (March, 1868), I was called upon by an old and well-known citizen, Isaac Marks, of this city, to go with him to see the subject of the following remarks.

I was taken to the N. W. corner of Wade street and Central Avenue. I was introduced to the parents as well as the young child—from the parents I learned the following history of themselves. Father's name Isaac Gratze, age 48 years; mother, Theresa Gratze, age 49 years. Born at Munich, capital of Bavaria; came to this country twenty-eight years ago. The parents are free from any hereditary disease, of the usual development, no indications of diseased action, nor any peculiarity not common to Germans of their age. Mother of the child has had eight children; six are living, this one is the youngest. Two died, one died with summer complaint, the second had the mumps; was the subject of a sequel that is liable to occur from such a disease, resulting finally in what was termed a pulmonary difficulty. The other six children are healthy, including this child. Confinement of the mother took place on the 27th of July, 1865; was taken sick at 11 o'clock A. M., was delivered at 12½ o'clock, nothing peculiar in the appearance of the child at

the time of birth, or was noticed until last July, when she was noticed to be menstruating; from that time there began the usual changes characterizing the period of puberty, including a corresponding rapid growth of the pelvis, giving the usual dimensions by measurement, common to young women capable of being mothers—a peculiarity following, that the child is extremely bow-legged, in consequence of the pelvis being unaccompanied with the usual corresponding length of the lower limbs. The labia pudendi, the mammary glands, the vagina dilated, the pubic region round, with the usual corresponding development of the womb, and fully changed to the usual anatomical development incidental to the full period of puberty. First menstruated in July last, being at that time less than two years old—the first three times six weeks apart, since then every four weeks to a day, lasting generally four days—the last time and the time before it, five days. The day I first examined the case, I was told by the mother that she expected the child would have her menstrual flow the next day. I had a curiosity to be satisfied of the presence of this function. I was called there the next day, when I found the mother's expectations fully realized. I was told that before I had been called upon to examine and take notes of the case, she had been put to the same test once before. Quite a number of the leading members of the profession, including a part of the Faculty of the different medical colleges of this city, have also been satisfied by actual examination of the remarkable endowments of this child.

CINCINNATI, O.

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### Ascites.—Peritoneal Dropsy.\*

BY L. STANTON, M.D.

IN Castle's Manual of Surgery, page 211, we find the following language in reference to this disease :—

“ CAUSE.—The most common cause is disease of the liver ;

\* Read before the 18th Senatorial District Eclectic Medical Society.

it is also the result of local irritations from enlargement of the abdominal viscera; it likewise proceeds from debility, arising from fever, and from *debilitating courses of mercury*, the use of ardent spirits, &c.

“Diseases of the liver, by impeding the circulation of the blood through that organ, by obstructing its free passage, must, of necessity, occasion a congestion of the blood in the vessels of the mesentery, stomach, spleen, pancreas, and neighboring parts, and for the relief of this congestion, nature is under the necessity of effusing from the filled vessels the serum which we subsequently find in the peritoneum.

“TREATMENT.—Medical treatment, when judiciously pursued, is very often successful in the cure of ascites. In the use of medicines, however, you must take care to direct their influence against *the cause* of ascites.

“The medicines which experience has proved to be the most beneficial in dropsy of the abdomen, are *calomel* and squills:—one grain of calomel and three of squills in a pill, or two grains of blue pill,” &c.

Again, on page 223: “Simple chronic enlargement of any organ. This complaint is merely a chronic enlargement, occurring in constitutions which have been injured by intemperance and over-excitement, as from the *use of mercury*, &c. The tumor is hard, and, although very often mistaken for scirrhus or the true fungoid, it is extremely easy of cure. Unless medical treatment is adopted, the complaint will increase until the organ is destroyed, but, by a judicious application of your remedies, you may readily overcome it. You must strictly enjoin the patient to keep the recumbent posture, apply leeches to the part occasionally, and evaporating lotions, and desire him to take three or even five grains of calomel with opium, every night and morning.”

As to a burn, every one knows, who has ever tried the experiment, that an immediate application of cold water will stop the smarting, and if continued for a time, little or no blister will succeed, although, if the burn is extensive, the internal use of stimulants or sudorifics is indispensably necessary. But the application of *fire*, or that which *caused*



the burn or suffering, only increases the difficulty, as every person of common sense knows.

Castle's Manual of Surgery purports to be founded upon the principles and practice of Sir Astley Cooper, F. R. S., edited by Thomas Castle, F. L. R. of Queen's College, Oxford. These are but specimens of the many discrepancies to be found in this volume, and which are too numerous to particularize. And this is the case with fifty other forms of disease, which may be found in Eberle's Practice and the writings of other Allopathic authors.

No one can fail to observe the inconsistencies in the foregoing language of cause and treatment. Calomel is held forth to be the great regulator of the liver and "all the secretions;" and in the two diseases mentioned above (ascites or peritoneal dropsy, and chronic enlargement), mercury is there said to be the cause. In the first case, "debilitating courses of mercury," and in the second, "from the use of mercury,"—calomel, only another preparation of the same substance, is prescribed in both cases. Here, then, is the *poison* and *anti-poison*. The medicine (or poison) is used to cure or remove the deleterious effects or diseases caused or produced by the use of the very same substance. Now can any one comprehend the propriety, reason, or consistency of such treatment?

It often appears strange to me why young men prosecuting their studies on the old system do not discover such contradictions, discrepancies, and falsehoods.

In treating on dropsy, page 211, Dr. Castle says: "In the use of medicine, however, you must take care to direct their influence against *the cause* of dropsy." What may be the cause? The Doctor says one is *mercury*, and the influence of the mercury to be given must be directed against the mercury, or the influence and effects of it, under which the system is already laboring!

On page 223, he says that the cause is "from the use of mercury, but, by a judicious application of your remedies, you may readily overcome it." What are the judicious remedies he prescribes? "*Desire him* to take three, or even

five grains of calomel, with opium, every night and morning! If he does this," says the Doctor, "the enlargement will subside." Very true; our observation is that, in most cases, what there is of flesh, muscle, and vitality, does subside in a little time, under such treatment.

Here again the *remedy* is the same which caused the *disease*. When will men learn to seek after nature's remedies, sanative agents, safe in themselves, yet potent to cure.

In regard to the cause of Dropsy, we are satisfied that irritant poisons, particularly the different preparations of mercury, are the most frequent and the more difficult to eradicate. This conclusion is founded on a practical experience and observation of thirty years.

The treatment in this disease which I have found most successful is as follows: Give a vapor bath two or three times a week. Each bath followed with a white ley sponge bath, and this with friction, or dry rubbing over the whole surface of the body and limbs, and a free application of high-proof alcohol over the abdomen.

If there be any particular derangement of the stomach and liver, one or two emetics of Lobelia Inflata and Eupatorium will be necessary, given in conjunction with the vapor bath. This is often very important, not only with a view to cleanse the stomach and excite the action of the liver, but to act on all the great emunctories of the system and arouse them to a healthy action.

After a few days' or a week's foregoing treatment, give the patient the following syrup:

Dwarf Elder Root,  $\bar{z}$  ij.; Cotton Weed Root,  $\bar{z}$  ij.; Fleaweed Leaves,  $\bar{z}$  ij.; Bitter Root,  $\bar{z}$  j.; Poplar Bark,  $\bar{z}$  ij.; Mandrake Root,  $\bar{z}$  ss., all dry and coarsely powdered. Steep the above ingredients in six quarts of boiling water down to two; strain, throw away the sediment, and to the tea add 2 lbs. cane sugar, and when cool add 1 quart of Holland gin. Dose: a wineglassful three times a day, more or less, sufficient to act gently on the bowels. To aid in the excretion of water from the system by the urinary organs, let the patient drink freely of garden parsley tea, and in addition use the

following: R Balsam Copaiba,  $\bar{3}$  ss.; Strong Spirits Nitre,  $\bar{3}$  ss.; Comp. Spirits Lavender,  $\bar{3}$  ij.; Gum Arabic and White Sugar, each,  $\bar{3}$  j.; Water,  $\bar{3}$  iv. Mix. Dose, one tablespoonful two or three times a day.

If the bowels are quite obstinate, more Mandrake may be added to the syrup, and broken doses of Podophyllin and Leptandrin given, sufficient to obviate that difficulty. An occasional vapor bath after the first week's treatment, will be beneficial. Many other preparations and plans of treatment have now and then cured a case, but the treatment here laid down has been the most successful of any to my knowledge.

COPENHAGEN, N. Y.



## PERISCOPE.

*On Gastrodynia.*—By W. H. DAY, M.D., M.R.C.P.

THERE are few more painful affections, and very few more difficult to cure, than that peculiar functional derangement of the stomach known as gastrodynia, or gastric neuralgia. We know that neuralgia may arise from functional or organic causes. The nervous system may be sufficiently deranged to pervert the function of sensation, varying in degree from mere tingling and numbness, to positive and unendurable pain. Angina pectoris, colic, gastrodynia, irritable testicle and uterus, are all familiar examples of altered sensation, and of agonising pain in the sympathetic system, or in one or other of its nervous ganglia. A cancerous growth of the stomach, in its early stages, will cause precisely the same train of symptoms as gastrodynia, arising from poverty of blood and defective assimilation. Gastrodynia occurs under a variety of circumstances, sometimes selecting for its victims the apparently strong and plethoric,—at others the temperate and intemperate; but the nervous, the anxious, and the anæmic, and those of feeble constitutional vigor, are most prone to the affection. Those who indulge largely in food and stimulants, and take little exercise, are often the subjects of it. In most cases the circulation will be found at fault, and the nervous system imperfectly nourished. It is met with in persons of sedentary habits, and is very common in rural districts among the poor,

who drink strong and hot tea, and scarcely ever taste animal food. I regard tea-drinking as a most common cause, and in men I have several times traced the misery to drinking coffee after a full dinner. This complaint is usually met with in middle life, and in women more frequently than in men. The pain of gastrodynia is peculiar and almost characteristic; it is referred to the situation of the solar plexus, to a spot not larger than a shilling in some cases,\* whilst in others it occupies the whole epigastric region, shooting through to the back, beneath one or both scapulæ. When the pain is severe, and the patient has fasted some hours (and he will avoid eating to escape the torture that ensues), the stomach becomes enfeebled, and there is much flatulence. The over-distended stomach will of itself produce the phenomena, but in addition it will press up the diaphragm, and so mechanically interfere with the proper rhythmic action of the heart, causing palpitation, dyspnœa, faintness, and even syncope. After these attacks (for the pain often comes on in paroxysms of severity), patients frequently complain of superficial soreness and pain, so that they cannot bear the weight of their clothes. Some cases are relieved by taking food (probably from the temporary increased secretion of gastric juice); other cases are greatly aggravated by it, and there is positive torture until the food is rejected by vomiting, or it has passed through the pyloric aperture. Brodie has said that, since gastrodynia most frequently occurs in atonic cases, and often depends upon flatulence, any diffusible stimulant, giving temporary tone to the stomach, and causing its muscular fibres to contract and expel flatus, will give temporary relief. In many cases there is neuralgic headache, as a sympathetic action through the vagus. When this is present, it greatly assists our diagnosis of the cause of the epigastric suffering. The pain is far greater than the ordinary pain of dyspepsia; it is not the burning pain of gastric ulcer, nor the sharp and lancinating pain of cancer; it is a pure neuralgia—a dull, heavy, gnawing pain; and whatever exhausts the nervous system, as grief, anxiety, fear, bad living, &c., favors the complaint. It is now and then attended by hypochondriacal symptoms, and depression of spirits.

*Treatment.*—Under this head I shall speak, separately, of the chief remedies which have been tried from time to time. If the digestive organs are much deranged, and there is acid-

\* These are by far the most difficult cases to treat; they resist one remedy after another. I have found preparations of iron and counter-irritation most applicable to this class of cases.



ity, with a thickly-coated tongue, and especially if there is pyrosis, then magnesia, soda, and bismuth or lithia are of service. These may not be enough to effect a cure of themselves, but they put the stomach in better order, and fit it for other remedies. Sometimes small doses give relief; but if the case is obstinate, large doses (from ten to fifteen grains) will prove effectual where smaller doses would fail. I prescribe the liquor bismuthi (Schacht), one drachm, with the same quantity of syrup of ginger, and two minims of the dilute hydrocyanic acid, on an empty stomach, three times a day before meals.\*

Preparations of iron are especially to be recommended, from the unhealthiness of the blood, and the general debility which is usually present. I have seen most benefit derived from the citrate of iron and strychnine, in doses of four grains in an ounce of water, three times a day, taken after food. This is a most valuable medicine when the tongue is clean and pallid, and it is particularly indicated if the pain is at all paroxysmal. If any unpleasant symptoms have resulted, the medicine must be given up directly. Sometimes the ammonio-citrate of iron will effect a cure after this has failed. At the same time that these remedies are given, counter-irritation over the epigastrium is often of much service. In one case, attended with great anæmia, and extreme feebleness of digestive power, five minims of the tincture of the sesquichloride of iron given three times a day in an ounce of water, effected a cure when all other remedies that were tried, so far from relieving the pain, tended materially to increase it. The nitrate and oxide of silver are not always to be relied on, but they occasionally come to our assistance when other remedies have ended in disappointment. The most obstinate cases have recovered after other medicines had been given in vain. They are most suitable when the tongue is clean and pale. The oxide has rendered me the most service.

The purified oxide of manganese has been recommended in doses varying from five to fifteen grains, three times a day, on an empty stomach. I give the acids in full doses—five minims of the dilute nitric acid, and ten minims of the dilute hydrochloric acid, in an ounce of water—an hour before meals. These acids now and then greatly aggravate the pain of gastrodynia. If the bowels are costive, a pill of Barbadoes

\* The trochisci bismuthi contains two grains of bismuth in each lozenge, and several may be taken with advantage during the day.

aloes, capsicum, and quinine, given daily before dinner, will hasten the cure. It is not so much to the remedy which the physician prescribes, that he must attribute his success, as it is to the nice discrimination of all the points that are presented to his view; how he may attack the strongest, yet protect the weakest; how best meet a case having many prominent symptoms, and combat those first which are the most important. On the judicious selection of these for management, the issue may altogether depend.

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*On the Induction of Premature Labour by Injection to the Fundus of the Uterus.*

Prof. Lazarewitch, of Charkoff, Russia, read a paper on the above subject before the Obstetrical Society of London, the following brief extract of which we find in the *London Lancet*:

“The author first described the various modes in use for the artificial induction of labour, and showed how their action was limited either to the parts remote from the uterus or to the vagina, or to the cervix or cavity of the uterus. He laid down the proposition that the nearer the irritation is to the fundus uteri, the more sure and speedy is the result; and, *vice versa*, the nearer it is to the orifice of the uterus, the more violent and protracted will be the resulting action. The grounds of this opinion were fully detailed, and proofs given from the practice of the methods before referred to. The physiology of parturition was considered at some length, with the view of demonstrating that the first step in labour is the separation of the membranes from the uterus; in consequence of this the ovum becomes, as it were, a foreign body, and the uterus begins at once to contract in order to effect its expulsion. Such being the *rôle* in natural labor, the author contended that our efforts in the artificial induction of it should aim at imitating this process, and such, he stated, was the effect of his method. Several circumstances appeared to prove that the fundus uteri was much more sensitive than the rest of the organ, and hence the inference that to that situation attempts should be made to excite it to action when labour is required. The author next gives a description of the instrument which he uses for this purpose. It consists of a glass syringe, graduated to a fluid measure, and capable of holding about eight ounces of water; the piston being in the form of a double screw, so elongated as

readily to work up and down by mere pressure or traction. To the end of the syringe is attached a soft, flexible, metallic tube, about six or eight inches long, which is intended to reach the fundus uteri. This tube is first placed *in situ*. The syringe is then filled and fixed to the tube, great care being taken to secure the exclusion of air from every part of the instrument. When all is ready, the piston is slowly pushed down, and the fluid is injected up to the fundus uteri. Twelve cases were given in great length by the author, and the conclusions derived therefrom were, that in all, uterine action was set up; two only requiring a second injection to increase the labour pains. The fluid used was warm water at 28°B. The quantity used was, in four cases, 6 oz.; in one, 5 oz.; and in the remaining seven, 4 oz. In all but one case, labour pains began immediately, and continued until it was completed, in from three and a half to thirty-six hours; the mean duration being nineteen hours from the time of injection. In one case only death occurred, and that was in no way due to the operation. Nine of the children were born alive; one was still-born, and two died before the operation. Labour was induced for various reasons, and in all the cases the aim of the operator was wholly or partially attained. In the majority of cases no other preliminary measures were adopted beyond attending to the bowels."—*Leavenworth Med. Herald*.

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*Oil and Soap of Quinine.*

M. Flandrin gives the following formula for oil of quinine for external use, especially for children who refuse to take it by the mouth. Quinine, according to M. Flandrin, is soluble in about ten parts of warm and fifteen parts of cold oil. He recommends the following formula: Pure quinine, one part; oil (freed from humidity), fifteen parts. Pestle the mixture in a mortar thoroughly; pour the whole into a capsule and heat it, agitating gently till complete solution has occurred. Preserve in a dry and well corked bottle. M. Tripier (*Journal de Médecine et de Chirurgie*), a medical officer of the army of Africa, recalls the services which soaps of the alkaloids, including quinine, have rendered him in his practice. He gives the following formula: Stearine, two parts; sulphate of quinine, one part. Warm till solution, and add a little lard to give the consistency of honey. Rub this into the armpits, groin, and plantar surfaces.

*Vaccination Cicatrices and Revaccination.*

Chas. E. Buckingham, on this subject, contributes the following statements to the *Boston Medical and Surgical Journal*: 1st. He has vaccinated those who have never been vaccinated before, and who never have had variola, with failure for the result. The vaccination has been repeated from the second week after birth, at various intervals, up to more than ten times, and in one case over twenty times without success; the result sometimes being a little soreness of the skin, sometimes severe soreness, and sometimes without any apparent irritation of the skin. The matter used has been good, if the fact that a portion of the same was used successfully upon other arms be taken as evidence. 2nd. He has been led to question whether the disease may not have taken the first time some of them were vaccinated, and whether they may not have vaccinia without vesicles; as many believe that patients have had scarlatina without eruptions, and measles without catarrh, and have been afterwards exposed without apparently being able to have these diseases. There is no one symptom which must exist in every case of another disease. Why not in vaccinia? 3d. He has seen virus, taken from the same arm and introduced into two others, produce in the one case the most perfect, sound, umbilicated vesicle, which, without severity, went through its regular stages; and in the other a state of general constitutional irritation, ending in suppuration, without the first sign of vesicle. 4th. He has known two cases to terminate fatally. In one of these cases the virus did its work as well as in other cases. 5th. He always hesitates more about vaccinating an adult than a child, because more frequently severe symptoms follow in the adult than in the child. 6th. He has frequently advised against revaccination, because of the severe symptoms following. 7th. If not susceptible of vaccinia, the thorough introduction of its virus into one man's arm, will produce no effect; if introduced into another man's, it may act as an animal poison, and pyemia may follow. 8th. It is not improbable that the state of the patient's system may explain many of the deaths following vaccination in rebel prisons. 9th. He has seen perfectly normal-looking vesicles followed by cicatrices both large and "small, circular, marked with irradiations and indentations," and then afterward reduced to "miserable, white, flat specks," and has been unable to produce, in the possessors of these specks, anything but sore



arms and headaches by revaccination. 10th. The history of vaccination, for twenty years past in foreign armies, is not enough to prove the success, or necessity, or impropriety of revaccination, any more than twenty years' absence of spotted fever from Boston or the successful result of quinine treatment of erysipelas and puerperal fever at the South Boston Almshouse, is enough to prove anything.—*Medical Record*.

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*Development and Treatment of Albuminuria.*

W. F. M., a correspondent, thus writes: In view of the notorious inefficacy of our treatment of Bright's disease, I thought the following note might be interesting. It is a condensation of an article read before the French Académie Impériale de Médecine, by Prof. Semola of Naples, and is the complement of a previous memoir by the same author. In his previous communication Prof. Semola developed the opinion that the passage of the albumen into the urine, in Bright's disease, was the necessary consequence of a general deficiency of nutrition by which the albumen, rendered incapable of performing its functions, was eliminated by the kidneys as a substance foreign to the organism. According to this theory, the alterations of these organs would play only a secondary rôle in the development of the disease; and although the condition of the kidneys is of value in prognosis, Prof. Semola protests against the ideas of those who pretend to explain or resolve the question by purely anatomical deductions.

One diagnostic sign distinguishing organic from symptomatic albuminuria is furnished by the quantity of the urea, which in true Bright's disease diminishes with the first appearance of the albumen, and, at a later period, accumulates in the blood. The same is true of the sulphates. Of the artificial albuminurias, that produced by the suppression of the cutaneous functions is the most like Bright's disease. This suppression both prevents the oxidation of the materials introduced into the system in the form of peptones (the products of the digestion of albumen), and causes a congestion of the viscera, and especially of the kidneys.

Thus, according to this author, Bright's disease is not the result of a primitive anatomical lesion of the kidneys, but is a result of this double series of effects which succeed the more or less sudden suppression of the functions of the skin.

The aim of the physician should be to reëstablish these

functions, and thus increase the oxidation of the peptones, and relieve the renal congestion.

Among the means best suited to this purpose are the ordinary sweatings, or, in obstinate cases, hot-air baths, always followed by cool or cold shower-baths; preparations of arsenic, and inhalations of oxygen. The diet should be vegetable or starchy, with but very little meat.—*Medical Review*.

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*Bichloride of Methylene.*

Dr. Richardson continues successfully to employ his new anæsthetic, the bichloride of methylene. He has given it with the best effect in two more cases of ovariectomy, and in a case of operation for vesico-vaginal fistula. All the three patients were operated upon by Mr. Spencer Wells. The average time taken for the production of anæsthesia was four minutes, and in neither of the cases was any sickness produced. Dr. Richardson informs us that in carrying out his researches on the bichloride of methylene he has been led into a new inquiry—as to the condensing power of the pulmonary surface for gases and vapors. He believes that all gases and vapors which enter the blood by the lungs are condensed by the pulmonary surface into a liquid state previous to absorption, and this physiological result he finds in curious accordance with the facts brought to light by the experiments of Professor Graham on the condensation of gases by platinum and colloidal substances. If the condensing power of the lung be proved, it will afford an explanation of some interesting and difficult physiological problems.—*Med. T. and Gaz.*, Oct. 26, 1867.

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*A Valuable Antiseptic.*

If all that Mr. W. L. Scott claims for the bisulphite of lime be realized in practice, it is likely to be an agent of whose uses we may often avail ourselves in practice with advantage. He says:—

“Beef-tea or broth, in hospitals or otherwise, may be prevented from turning sour by stirring in a few drops of the bisulphite of lime solution to each pint of the soup; and the same plan will enable us to keep jellies, which ordinarily decompose so rapidly in the organic germ-laden air of the sick room, for many days unimpaired; these are, in my opinion, considerations of some moment in all circumstances, but most especially in the habitations of the poor. Clothes or

matting, soaked in the same solution and hung up, act as disinfectants of the most effective kind, and do not exhale the peculiarly unpleasant odor of carbolic acid, or the irritating vapors, so distressing to the bronchial system, of chloride of lime. I have successfully employed the bisulphite of calcium for the preservation of numerous anatomical and other specimens, as it does its work perfectly, and without occasioning the great changes of color and contraction of muscular structure so frequently produced by ordinary antiseptics; moreover, its special advantage over the preparations of mercury and arsenic lies, to my thinking, in the fact that it is not poisonous, and can therefore be handled with perfect safety. For ointments, a fluidrachm to each pound is quite sufficient to preserve them, while it has no injurious action whatever, and is quite compatible with the great majority of ointments and oily preparations—a remark which does not apply to the alkaline sulphites and bisulphites which have from time to time been brought forward for similar purposes.”—*Brit. Med. Jl.*, Oct. 26, 1867.

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*Ointment for Pruritus Vulvæ.*

R. Potass. carbon. 100 grammes; tinct. benzoin, 50 grammes. M.

M. Adrian's formulas for tar preparations are, viz. :

*Emuls. of Vegetable Tar.*

|                                 |              |
|---------------------------------|--------------|
| R. Choice tar, . . . . .        | 10 grammes.  |
| Yellow of one egg, or . . . . . | 15 “         |
| Water, . . . . .                | 75 “         |
|                                 | <hr/>        |
|                                 | 100 grammes. |

*Glycerined Tar.*

|                                 |             |
|---------------------------------|-------------|
| R. Choice tar, . . . . .        | 15 grammes. |
| Yellow of one egg, or . . . . . | 15 “        |
| Glycerine, . . . . .            | 70 “        |

(1 grain equals 18 grammes.—ED.)—*Med. Record.*

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*Complete Division of the Median Nerve, with Preservation of Sensibility.*

There is at present, in the wards of Professor Richet, at La Pitié, a case which is exciting much interest, and giving rise to much speculation, on account of the numerous physiological problems that it involves. The history of the case

is, briefly, as follows:—On the 23rd of October, the patient, a female, aged twenty-four, fell heavily on some sheets of copper which were standing by, and was severely wounded at the wrist. She was taken to the Hôtel Dieu, where the radial artery was tied by the house-surgeon. Twenty-two hours after, M. Richet examined the wound. It measured six centimetres across the wrist, and was situate at about six centimetres above the radio-carpal articulation. The superficial muscles were found divided. The radial artery was completely cut through, *as was the median nerve*, and the flexor profundus itself bore marks of injury. Yet sensibility of the lower end of the nerve was unimpaired. The patient screamed with pain as Mr. Richet excised a minute portion of it for microscopical examination. All the parts to which the median nerve is distributed had likewise retained their sensibility.

Such are the most prominent features of the case. Obviously the main point, around which the whole question revolves, concerns the accurate establishment of the fact that the nerve was really and completely severed. With M. Richet, who owes his reputation as much to his skill as an anatomist as to his surgical abilities, this point has been placed beyond the shadow of a doubt. Carefully examining the different tendons which occupied the wound, M. Richet discovered the exact situation of the median nerve, picked out the extremities, and united them by means of a double suture, one anteriorly and the other posteriorly, while he observed that the muscles beneath had likewise been involved in the wound. A minute portion of the lower extremity of the nerve, having been placed under the microscope, was found to be made up of nervous elements. Then, the tendons of the severed muscles had undergone some retraction, whereas the ends of the nerve had remained in a normal state. The muscular contractility of the parts supplied by the nerve was completely lost, and the application of electricity failed to elicit any contraction,—a fact to which M. Duchenne de Boulogne, who instituted the experiment, attaches great importance, as furnishing a conclusive argument in favor of the complete division of the nerve. Further, a few days after the closure of the wound, the patient experienced those peculiar sensations indicative of a healing process going on in the nerve. If we are, then, to admit that the median nerve was really and entirely divided, how are we to account for the phenomenon of preserved sensibility, both in the lower end of the nerve, and in the



parts to which it is distributed?—a phenomenon observed and examined with great care and exactness by Professors Richet, Denonvilliers, Pagot, Michel (of Strasbourg), M. Duchenne de Boulogne, and many others. The existence of such an anomaly in the anatomy of the median nerve as a second branch of it taking its origin above the line of the wound, and descending in a deep situation, can scarcely be admitted, if the absence of all precedent in the writings of anatomists be a conclusive argument. We seem therefore to be reduced to the assumption of some sort of anastomosis between the injured nerve and the other nerves of the hand. Such is the hypothesis upon which various theories are already being built in the columns of our French contemporaries, and which are propped up by extracts from the French physiologists, Claude Bernard, Vulpian, Longet, Magendie, Duchenne, &c. We leave the question at this point, purposing to revert to it when M. Richet shall have published a complete and authenticated account of the case, and shall have set forth his own explanations, which until now he has withheld.

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*Post-Mortem Evidence of Recovery after Rupture of the Diaphragm.*

Prof. Jos. ENGEL, of Vienna, in the *Wiener Med. Wochenschrift*, 12th June, 1867, reports the case of a clergyman, 67 years of age, examined in the Institution for Pathological Anatomy. On the right side of the chest there was found a healed fracture of the ribs, beginning near the anterior extremity of the seventh rib, and ending at the fifth. There was no scar upon the skin.

On the superior portion of the liver, near the right side of the suspensory ligament, near its centre, the liver substance formed a perpendicular process, running superiorly, of a cylindrical form, and the end rounded off. Its height was five centimetres, and its circumference fourteen centimetres. This fitted exactly into a sac of peritoneum, which penetrated the diaphragm at the anterior portion of the tendinous part. It was united at the base of the lung by adhesions, forming a complete hernial sac, containing a portion of liver. The liver was adherent to the diaphragm in several places. The right lung was adherent to the diaphragm throughout its whole extent. Concerning the nature or time of the injury nothing could be ascertained.—*Boston Med. and Surg. Jour.*

*Chronology of Anæsthesia.*

A correspondent of the *Lancet* gives the following as the chronological history of painless surgical operations during the anæsthetic state, induced by the inhalation of narcotic and stimulating vapors:

"The first surgical operation during an anæsthetic condition, induced by the inhalation of the fumes from rum, was the reduction of a dislocation of the hip-joint of a negro, 'Bob.' Louisiana. By Dr. Collyer, December, 1839.

"Extraction of tooth from Miss Mary Allen during an insensible condition, induced by the inhalation of ether combined with the fumes from poppy-seeds. Philadelphia. By Dr. Collyer. November, 1842.

"Publication of 'Psychography' (copyrighted work), wherein at pages 26, 27, and 28, particular mention is made that the inhalation of narcotic and stimulating vapors will produce the anæsthetic state. Philadelphia. By Dr. Collyer. May, 1843.

"Insensibility produced by the inhalation of protoxide of nitrogen. Hartford, Connecticut. Horace Wells. 1845.

"Publication in *Boston Medical Journal*, that ether combined with opium would produce the anæsthetic state. Boston. By Dr. Smilie. June, 1846.

"Administration of ether by Drs. Morton and Jackson. Boston, United States. September, 1846.

"Inhalation of chloroform. Edinburgh. By Dr. Simpson. 1847.

"Amylene. London. By Dr. Snow. 1857.

"Bichloride of methylene. London. By Dr. Richardson. 1867."—*Dental Cosmos*.

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## EDITORIAL.

### To Publishers of Medical and Scientific Works.

ESPECIAL care and pains will be taken to notice fairly, and fully, all works forwarded to us for editorial favor and examination. Where we may differ with the editor or author upon any of the leading principles of practice, or views enunciated in any work, we will in no instance allow a difference of opinion, merely, to bias our judgment, but give as favorable a notice as its merits demand.

### To Physicians.

BEING desirous to represent every portion of the country, as far as possible, in the AMERICAN ECLECTIC MEDICAL REVIEW, we will take great pleasure in receiving contributions from physicians, of a practical character, upon Clinical Observations, and reports of cases of the diseases peculiar to their several localities, and an account of remedies which are found to be the most reliable and successful in practice. We deem it of the greatest importance to obtain the opinion of the profession in regard to the reliability and action of the Concentrated Eclectic Medicines.

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### To Officers of Eclectic Medical Societies.

WE will publish abstracts of proceedings, and papers of all the State, County, and District Societies in the United States, when forwarded to the REVIEW.

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### Life Assurance Companies.

THE importance of these associations is daily increasing, and thousands of persons, of every position in society, are now having their lives assured, where only hundreds were a few years since.

We make the following extract from the twelfth annual report of the Massachusetts Insurance Commissioner :

“ We take the period embraced between 1858 and 1866—eight short years. In 1858 there were fourteen companies, in 1866, forty-three. There were 42,502 policies, representing an amount of \$116,482,196, in 1858. In 1866, we see 310,738 policies, representing \$871,863,925. We have a business that has increased over seven hundred per cent. Life insurance has been reduced to a science of exquisite subtlety; that our chances of living and dying have been put to the wisest mathematical tests; that gifted men have thought it into a system. What do we see? First, the income. In 1858, these companies received \$4,835,886. In 1866 the sum in all amounted to \$41,377,104. The total assests have increased from \$17,446,455 to \$88,666,232, while the computed premium reserve, which was nearly \$11,000,000, is now over \$65,000,000. The claims by death have been a small per cent. of this. In 1859, these amounted to \$1,197,583, while in 1866 they were \$5,353,141; so

that the fund in reserve to meet these demands has never been less than ten times as large as any demand that could arise from ordinary mortality. Let it be remembered that this period embraces the war years; and that many a gallant fellow, before he put on his knapsack, placed an insurance on his life. The comfort of that wise deed to-day remains with his family!"

The reports of this business in other States would show the results equally successful.

These wonderful results should be an incentive to every man, especially medical men, to have their lives insured in some good company.

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### State Eclectic Medical Societies.

THE time for holding the annual meetings of the various State Medical Societies is near at hand, and as there will be many measures considered which have a direct bearing upon the interests of every Eclectic Physician, it is very important that each State meeting be fully attended by the old members, and all others who would like to become members. A united effort, such as has characterized our branch of the profession the last two years, will very soon bring the merits of Eclecticism before the entire American people.

There has at no past period in the history of medical reform in this country been such a good feeling and determined action among the medical collaborators. May this continue until our work is fully accomplished. We hope to meet the entire membership at the various State Societies the coming season.

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### REVIEWS AND BIBLIOGRAPHICAL NOTICES.

THE DIAGNOSIS, PATHOLOGY, AND TREATMENT OF DISEASES OF WOMEN, INCLUDING THE DIAGNOSIS OF PREGNANCY. By Graily Hewitt, M.D., Lond., F. R. C. P., Prof. of Midwifery, and Obstetric Physician to the Hospital, etc. First American from the second London edition, revised and enlarged. With 116 illustrations. Philadelphia: Lindsay & Blakiston, 1868. New York: Wm. Wood & Co., 61 Walker street. Price, \$6.00.

WE have before us the first American reprint from the Second London edition of this excellent treatise. Since the publication of



the first edition, it has taken rank as the most valuable and authoritative work upon the subject of which it treats, and the speedy call for a second edition is sufficient evidence of the high favor with which it has been received by the medical profession. The present edition differs from the first in a number of important particulars. While it preserves all the valuable features which characterized the original edition, it has been enlarged by the addition of much valuable matter, and otherwise improved. Especially has the pathology of the diseases of women been more fully considered, and the work, in this respect, rendered much more complete.

While these additions serve materially to enhance the practical value of the work, the admirable arrangement which the author has adopted simplifies the details of diagnosis to the comprehension and uses of the student as well as the more advanced practitioner.

The distinguishing excellence of Dr. Hewitt's work, in our opinion, consists in the prominence which he has given to the subject of diagnosis, and the peculiarly happy arrangement by which the aids and facilities for its study are presented in such an efficient and available form.

Recognizing how completely subservient in importance are all other considerations, and keeping in view the wants of the clinical student, he has abandoned the systematic arrangement so generally followed in treatises of this nature, and has based his arrangement upon *symptoms* instead of *Pathology*. While this plan may not at the first glance so readily commend itself to the judgment of the practitioner, yet it will be found that its disadvantages are apparent rather than real, and its practical utility and even superiority will be manifest on closer examination.

The obvious advantages of this plan of arrangement are, that it is identical with the method which the student is necessitated to pursue at the bedside, and that it offers better facilities for attaining the grand primary object of his investigations, viz., precision and positiveness in diagnosis.

The work is divided into two parts—the first on Diagnosis, the second on Pathology and Treatment. In the part devoted to Diagnosis, he considers the method to be pursued in attaining it under two captions—"Data obtained without physical examination," and "Data obtainable by physical examination." In the former section he considers the age of the patient, sexual relations, disorders of menstruation, substances expelled from the generative organs, disorders of micturition, abnormal sensations referable to the generative organs, etc. Each of these points are carefully noted, and their value as signs diagnostic of pregnancy is fully estimated.

Under Section II, "Data obtainable by Physical examination," he refers to examination of the external generative organs, examination of the internal generative organs, abdomen, mammary glands, etc., and indicates the significance which should be attached to information gained in this way in forming a diagnosis.

In a comparative estimate of the value of the different signs of

pregnancy, after alluding to the *probable* signs, such as suppression of the menses, swelling of the breasts, descent of the lower part of the uterus in the pelvis, flattening of the abdomen, etc., Dr. Hewitt defines the *certain* signs of pregnancy to be 1, The active movements of the child unequivocally felt by another. 2, The presence of the child in utero ascertained by ballottement, and 3, The sounds produced by the pulsations of the foetal heart.

The differential diagnosis of uterine and ovarian tumors is treated with minuteness of detail, and in a thoroughly practical and comprehensive manner.

The author's observations on Uterine Pathology are sound, practical, and fully up to the recent advances made in in this department of medical science. In the matter of treatment, Dr. Hewitt's views, though not radically different from those of other standard authorities, are somewhat modified and more conservative. In chronic inflammations of the uterus he is disposed to place more value on rest, soothing measures, and the restorative powers of nature, than in the heroic treatment so much in vogue. The work is admirably illustrated by numerous fine engravings, a large proportion of which are entirely original, and executed from drawings made in outline of cases under actual treatment.

The typography of the work is elegant, and does credit to the celebrated publishers.

THE PRINCIPLES OF MEDICINE.—By J. M. SCUDDER, M. D., Prof. of Principles and Practice of Medicine in the Eclectic Medical Institute, Cincinnati, Ohio, author of a Treatise on Diseases of Women, &c., &c. Cincinnati, 1867.

Most of the books heretofore written by Eclectics, have been confined to the subjects of Materia Medica, and the treatment of diseases acute, chronic and surgical. The work before us is the first systematic treatise which has yet appeared, embodying in a clear, comprehensive, and methodical manner, the "Principles of Medicine" as taught in the Eclectic schools. Although much has been written upon the subject, the matter is embraced in the various medical periodicals, running through a period of thirty years or more. This fact makes it inconvenient and in most cases, impossible for the inquirer to obtain a full knowledge of the principles of medicine, upon which Eclectic practice is based, without attending in person the medical schools. We therefore extend to this publication a hearty welcome, and endorse it as a lucid, and generally accurate exponent of our principles. On all points of physiology and pathology, we suppose no two physicians of any school can be found, who agree perfectly on every minor particular, although generally, they may hold identical opinions.

The Eclectic practice is based on clearly defined, sound, and in our opinion, *true* physiological and pathological principles. The founders

of the sect—few at first—were driven to organize, and coöperate, and assume a *name* in consequence of the persecution, denunciation and ostracism of the Allopaths, for daring to enunciate the doctrine that some of the principles of medicine, as taught and practiced thirty years ago were false, and fatal in their consequences—for daring to assert and demonstrate, for example, that inflammation could be cured without the lancet or induction of pyalism. No sooner was this idea proposed, than a howl of abuse was raised against its promulgators. They were denounced and ridiculed, and the finger of contemptuous scorn pointed at them as irregulars, upstarts, ignorant pretenders, quacks, &c., and they were indignantly turned out of the society of the regular disciples of Paracelsus. These men, as we have said, few in number, being thus excluded from fellowship with their former associates, and denied the rights and privileges of their Alma Mater, for daring to attempt to prevail upon the medical profession to abandon the dogmas of the then existing practice, and adopt more sound, rational and safe principles, feeling that they were armed with truth, naturally associated, organized, and took a name for the purpose of better promulgating their doctrines. They met little encouragement, and the first session of the first Eclectic Medical College, incorporated in the United States, had but one medical student in attendance. From this small beginning, the number of physicians who are now practicing medicine under the name of Eclectic, and upon the principles embodied in the work before us, is estimated by thousands. The most bigoted Allopath, will not now deny that a mighty revolution has been effected in the practice of medicine, though he may scout and ridicule the assertion that the principles of to-day were conceived and propounded by Eclectics thirty years ago. The idea once proposed that the dogmas of bleeding and salivating, were false and *fatally unnecessary*, the popular mind was gradually educated to that belief, and the Allopaths were forced to investigate the matter, and have finally acknowledged their error by abandoning so mercilessly foolish a practice. Hence the change, though the self-styled regular Faculty, still manfully deny that they have been driven to turn from the “error of their way,” and accept truth, through the labors of our school. History, however, sustains us.

But more than this, the Eclectic school has accomplished much in Materia Medica and Pharmacy. Many valuable vegetable agents have been discovered, investigated and added, and the active principles of plants extracted and presented in the form of concentrated fluids and powders, of definite strength and therapeutic virtue. Such, briefly, are some of the principles which constitute Eclecticism a distinct sect, and the claims which entitle it to consideration and merit, for having already accomplished a vast deal of good. Much yet remains, however, to be done to make medicine a positive science.

From this digression we turn to a more minute examination of the merits of the work under consideration. At the first glance we find that the author has made a very happy classification of his subjects as follows: Forces operative in Animal life: *Formative* or *vital*,



*Heat, Electricity.* Animal cells : *Formative, Secreting, Necrological.* Nutrition : *Food, Digestion, Cell-growth.* Secretion : *Recrementitious, Excrementitious.* The blood : *Red and White Corpuscles.* Albumen, *Fibrin, Fats, Salts, Excreta, Water.* The influence of morbid material and miasms on the blood. The lymph and its circulation. Circulation of the blood : *General, Local.* Inflammation, Innervation : *Brain, Spinal Cord, Sympathetic Ganglia.* Contractile fibre : *Irritability, Tonicity.*

Each head is taken up in order and discussed with sufficient clearness and fullness, without being exhaustive, to give the reader definite ideas of the physiology and pathology of the various organs, with the most rational indications to be followed in removing diseased functional or organic lesions. Any departure from the healthy standard, either functional or structural, is considered under three conditions, *excessive, defective, perverted.* This method of treating the subjects is well adapted to enable us to fix in our minds the principles of cure which we are taught to adopt. The author presents forcibly the influence of the sympathetic system of nerves in controlling circulation, secretion, nutrition, &c. We are of the opinion that it is through this medium that many diseased actions of internal organs are induced, and through its aid health restored.

It is the basis of success in the new treatment of inflammation. We are inclining to the opinion that such remedies, veratrum for example, as we are accustomed to regard as special sedatives, are in fact stimulants, imparting tone and vigor to weakened arterial, and capillary walls, through their excitant action on this system of nerves. This idea seems to be corroborated by the lately ascertained fact that after-inflammation is speedily removed by the local application of veratrum. In this case it must act by imparting tonic and constricting relaxed capillary walls on the same principle as cold water and other agents of this class.

In a word, we regard the doctrines taught in this work sound, clear, and sensible. The book is a true, though not exhaustive exponent of the principles of Eclectic medicine, a safe guide to the young practitioner, a light that will illumine many dark and slippery paths he has to follow in pursuing his responsible avocation.

We regret that we have to point to one fault the author has allowed to appear. The book is gotten up in good style on fine paper, and is well bound; but careless proof-readers have overlooked a number of errors which should have been corrected. This, however, can be easily remedied, and we doubt not will be in the next edition, which we hope will soon be called for, as the work should be in the hands of every physician.

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PLASTICS: A NEW CLASSIFICATION AND A BRIEF EXPOSITION OF PLASTIC SURGERY.—A reprint from a report in the transactions of the Illinois State Medical Society for 1867, by David Prince, M.D. Philadelphia. Lindsay & Blakiston, 1868.



This excellent monograph by Dr. Prince is the first attempt to classify and arrange in a clear and intelligible form all that is known in regard to plastic surgery. Every one who has occasion to consult our text books cannot fail to note the general vagueness, and oftentimes confusion in the rules therein laid down for the performance of the most delicate operations in surgery. Without attempting to advance any new principles, or detail any novel operative procedures, the author has reduced the chaotic mass of information appertaining to this subject, to something like order and perspicuity, and has imparted a degree of definiteness and precision to the terms used in its descriptions. The following is the classification proposed by Dr. Prince. He has reduced the various processes employed to the following six general methods: I. Sliding in a direct line. II. Sliding in a curved line. III. Jumping (Indian method). IV. Inversion or Eversion. V. Taliacotian, the part being obtained from a distance. VI. Grafting. Each of these different methods, with the varieties and subdivisions of which they are susceptible are then fully described, and their relative value and applicability in operations designed to remodel or restore the facial organs, and other plastic operations, are fairly discussed. The work is illustrated by numerous wood-cuts. Altogether it may be regarded as the most valuable contribution yet made to this department of surgery.

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## NEWS AND MISCELLANY.

### ECLECTIC MEDICAL SOCIETY OF THE CITY OF NEW YORK.

THE regular monthly meeting of this Society was held Wednesday evening, March 18th, at the Eclectic Medical College, Dr. James Day in the chair.

After some preliminary business, Dr. P. A. Morrow presented an instructive Essay on Concentrated Medicines.

Dr. R. S. Newton said, with reference to the purity of medicines, and the advantages Dr. Morrow hopes to see accomplished from the use of positive agents introduced by our branch of the profession, it was a point worthy of consideration. Other branches claim superiority for different improvements made—some in surgery, in obstetrics, in pathology, physiology, etc.; but the great improvements which our school of medicine has made, is in the field of *Materia Medica*. It would really seem that, from some cause or other, every man exhibiting a tendency to genuine reform in medicine has given his attention to *Materia Medica*.

Our branch of the profession has been less wedded to authority than other schools. Claiming to be Eclectic, we have gone into the fields, woods, highways, and hedges, and have selected our remedies. The result has been, that the great mass of reformers, seeming to

have the same bent of mind, have paid more attention to the action of remedies on the system for the cure of disease, than any other branch of the profession. This is now admitted as a truth. Hence, to-day they have more certainty and greater success in the treatment of disease.

Our progress is in the tendency to greater perfection in the *Materia Medica*. This Society, and the Brooklyn Academy of Eclectic Medicine, have laid down more new suggestions of value, and developed more new therapeutical views in the last two years, than any other society in five years, because we have been experimenting and investigating. We have found new remedies, and we have discovered that many established remedies possess therapeutic powers not previously known. I might enumerate half a dozen discovered within the last six or eight months. I would like to see some recognized formula for the manufacture of all our remedies, so that we might know their exact strength. Now that it is admitted throughout the country that our school excels in this, shall we stop where we are, or shall we continue to investigate?

Dr. H. E. Firth stated that the development of science by the introduction of Eclectic remedies was advancing outside of our practice. At a recent meeting of the Kings Co. Society (Allopathic), several members admitted that the medical profession was greatly indebted to Eclectics for the introduction of valuable medicinal agents. They recognized the fact that these agents were first introduced by Eclectics, and contended that men of ability and scientific attainments should not be shut out by strict codes. The time will come when all such restrictions will be broken down, for it is required by the liberality of the age. The truth which exists in the Eclectic system must and will be recognized and accepted.

Dr. Allen believes our Allopathic brethren are investigating in two directions. Some consider we are bearing the palm away from them, and are feeling resentment, while others may be seeking the truth contained in our system. He had lately received a letter from an Allopathic physician of twenty years' experience, who applied for information concerning the concentrated remedies in use by our school, and the best works to be studied. Dr. Newton had well remarked that the peculiarity of our school was that we were developing new remedies. The truth is, all other branches of medicine are pretty well developed except the *Materia Medica*. To this constant accessions are being made. A few days ago I tested the carbolic acid in an extreme case of gastric irritability and nausea connected with disease of the lungs. It was a case of persistent vomiting, which had lasted for months. Every time the patient coughed, vomiting was produced. Other remedies had been tried, but had proved unsuccessful. I was induced to try the carbolic acid, and it acted like a charm. To 16 minims of pure carbolic acid I added 1 oz. of glycerine, and after agitating it, 1 oz. of water. By giving a drachm at a dose, I got 1 minim of the carbolic acid. This dose was repeated 3 or 4 times a day, and proved very successful. In

some cases of obstinate vomiting, this remedy might save the life of the patient. We are only in the infancy of pharmacy. If *Veratrum* has done so much as an arterial sedative, a hundred other plants may prove just as powerful in other directions.

It is desirable that there should be uniformity in our preparations. To ensure the credit of our system, a great deal depends on sanctioning the articles we know to be efficient, and bringing these prominently forward, and not bringing all before the public as equally valuable.

Dr. D. E. Smith remarked that he was called a few weeks ago to treat a lady in this city, and mentioned his objections to the use of mercurials. Before she got well, her husband was taken sick, and sent for a professor in one of the Allopathic colleges of this city. His remarks concerning mercurials were mentioned to the professor, who replied, "We don't give calomel any more. All the new crop of physicians are using *podophyllum*, and I have scarcely given a dose in 5 years."

Dr. Newton stated that he had written one or two short articles upon the alcoholic fluid extract of *silphium gummiferum* or resinweed, and had tried its virtues some years ago in treating pleuropneumonia in cattle, a disease which was so destructive to stock interests in the New England States.

A lady lately came under his care who had had a violent attack of pneumonia on the last of November, since which time she has had considerable pain in the upper part of each lung,—the pain passing down on the side at times,—with difficulty of breathing. Her physician told her he thought she had a slight attack of pleuro-pneumonia, and she described her symptoms so plainly as to convince me that this opinion was correct. Ten days ago she had much pain in the upper part of the lungs, most severe in the right; great difficulty of breathing, considerable fever, with an inveterate cough. The difficulty of breathing was so great that the night before she had not laid down at all, and she didn't think she would on the coming night. It occurred to me here was a case to try the *silphium*. I gave her 30 drops of the alcoholic fluid extract, made by Hart & Day, every two hours. It made her a little sick at the stomach, and I gave with it 5 drops of the alcoholic fluid extract *gelseminum*. After she had taken 3 doses, she was able to lie down, and had but little cough during the night. In the morning following she had a violent paroxysm, but was quiet all day, and the next night she slept all night. On the second day I added to it a small quantity of the alcoholic fluid extract *prunus virginianica* as a tonic.

She rested well that night, and the next morning threw up from the lungs over half a teacupful of what seemed to be matter. She has had a considerable amount of laryngitis, and this cough had lasted ever since she recovered from her attack of pneumonia.

Her lungs are now free, she breathes easily, rests well, but still has a little cough, which seems to be from the larynx alone. It commences with tickling in the throat, and there is considerable irritation about the glottis and epiglottis.



I have several cases under treatment where there is pulmonary irritation, and in some of them considerable cough. I am confident that in several instances this remedy is producing a marked and decided beneficial effect. I never want a better parturient than gelseminum. It acts by relaxing the system, in the same way chloroform acts. You may give chloroform till the whole muscular system is fully relaxed, and yet there will be no effect whatever upon labor. I have used gelseminum or chloroform in every case of labor I have attended for the last 10 or 12 years. In most all cases where there is irritation of the stomach—where there is acute chronic inflammation—and especially in cases of organic derangement, as in cancer of the stomach, gelseminum will give a patient more relief and comfort, more freedom from vomiting, than any other remedy I am acquainted with.

Dr. Freeman thinks, in reference to the concentrated remedies, some cannot be esteemed too highly, while others are comparatively worthless.

The time is favorable to the production of concentrated medicines, as we get within a small bulk the principles of plants, so that we are not obliged to use medicine in large doses. As in the case of podophyllum, we get a powder which acts on the liver, producing a cathartic effect, while a dose of podophyllum peltatum is large enough to be very disagreeable.

We considered we had accomplished a great result with the use of these crude agents when they were discovered, and we were able to do that for which harsher and more dangerous remedies had been used. Now, we are able to produce these effects with small doses, and thus suit our patients. All medicines should be made in a reliable form. It is not necessary that all should be made into powders, and I have found it desirable to use liquids in many cases.

Dr. Meyer wishes to inquire if the use of irritating remedies may not be injurious to infants.

Dr. Allen suggested that a portion of the time of the Society be occupied each evening by the members detailing their experiences with the different remedies found on the lists of concentrated preparations.

It was then moved that 20 minutes be devoted at the next meeting to the discussion of the first three preparations on Keith's list,—aconitine, ampelopsin, and aluvin, and that the name of the manufacturer of the specimen employed should be stated.

The Society then adjourned.

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#### THE COLLEGES OF NEW ENGLAND—STUDENTS AND LIBRARIES.

The *Yale Courant* gives some statistics in regard to the number of students in the various colleges of New England. They are distributed as follows:

Bowdoin College, 232; Colby University, Waterville, Me., 54;



Dartmouth College, 298; University of Vermont, 127; Middlebury (Vt.) College, 52; Norwich (Vt.) University, 40; Brown University, 190; Amherst College, 225; Harvard College, 961; Tufts College, 54; Williams College, 186; Trinity College, Hartford, 59; Wesleyan University, 131; Yale College, 709; Holy Cross College, Worcester, 70; Boston College, 70. Taken by States, the number is as follows:

|                    |       |                           |       |
|--------------------|-------|---------------------------|-------|
| Maine.....         | 286   | Rhode Island.....         | 190   |
| New Hampshire..... | 298   | Connecticut.....          | 899   |
| Vermont.....       | 219   |                           |       |
| Massachusetts..... | 1,616 | Total in New England..... | 3,508 |

The number of volumes in each of the college libraries is given approximately as follows:

|                       | Vols.   |                   | Vols.   |
|-----------------------|---------|-------------------|---------|
| Amherst.....          | 30,000  | Middlebury.....   | 10,000  |
| Harvard.....          | 168,000 | Norwich Univ..... | 2,000   |
| Tufts.....            | 9,000   | Brown Univ.....   | 33,000  |
| Bowdoin.....          | 32,300  | Trinity.....      | 15,000  |
| Holy Cross.....       | 5,000   | Wesleyan.....     | 14,000  |
| Boston.....           | 2,000   | Yale.....         | 77,500  |
| Williams.....         | 22,000  | Colby Univ.....   | 10,000  |
| Dartmouth.....        | 40,000  |                   |         |
| University of Vt..... | 12,000  | Total.....        | 489,800 |

Large additions have been made to several of these libraries since reports of their condition have been made to the public.

ABSTRACT of proceedings of the Eclectic Medical Society, Thirty-second Senatorial District, State of New York, at Jamestown, January 8th, 1868.

The Society was called to order at one o'clock p. m., by M. M. Fenner, M. D., Vice-President.

The minutes of last meeting were read and approved.

Drs. A. H. Bowen, John Lord, and I. J. Bowen, were proposed for membership.

The Board of Censors reported favorably, and on motion, the Report was accepted, and the applicants unanimously elected.

The following amendment to the Constitution was then offered:

*Resolved*, That Article 4th, Section 1st, of the Constitution, be so amended as to read "The Annual Meeting shall be held at Brocton on the 1st Tuesday of January of each year, except for the year 1868 it shall be held on the 3d Tuesday of May." Carried.

The Committee on History of Eclecticism, in 32d District, asked for further time to report. Time granted until next meeting.

On motion, special reports and reading of essays were made the order for the evening session.

On motion, the Society adjourned.

The Society was called to order at six and a half p. m., M. M. Fenner in the chair.

An able and interesting paper on Medical Inhalations and Electricity as a remedial agent, was read by J. A. Salsbury, M. D.

An interesting case of hepatic ulcer, with treatment, was presented by N. F. Marsh, M. D.

Dr. James Fenner reported a cure of ptyalism and inflammation of the lungs, caused by a metastasis of an humor over the stomach, from the use of mercurial ointment.

Dr. C. D. Thompson read an Essay upon Dropsy.

A spirited and interesting discussion was entered into by the members of the Society on the above subjects.

The President made the following appointments :

Essayists for next meeting, Phineas Sage, M. D.; A. P. Parsons, M. D.; C. C. Johnson, M. D., and A. H. Bowen, M. D.

### *Special Reports.*

James Fenner, M. D., on Hypodermic Injections and Epidemic Erysipelas.

J. A. Salsbury, M. D., on Medical Inhalations and Electricity.

G. L. Whitford, M. D., on Amenorrhœa.

A. S. Davis, M. D., on Cardiac Irritation.

Alvah Jennings, M. D., on Asthma.

H. C. Taylor, M. D., on Phthisis Pulmonalis.

John Lord, M. D., on Chronic Hepatitis.

I. J. Bowen, M. D., to report a case of interest.

Committee on National Eclectic Pharmacopœia, A. P. Parsons, M. D.

Committee on National Medical Association, H. C. Taylor, M. D.

Delegates to State Society to meet at Albany, January 15th and 16th, 1868.

#### Delegates.

C. C. Johnson, M. D.

Alvah Jennings, M. D.

J. A. Salsbury, M. D.

H. C. Taylor, M. D.

#### Alternates.

C. D. Thompson, M. D.

James Fenner, M. D.

A. P. Parsons, M. D.

G. L. Whitford, M. D.

On motion, the Society adjourned to meet at Brocton the 3d Tuesday of May, 1868, at ten o'clock A. M.

M. M. FENNER, M. D., President.

N. F. MARSH, M. D., Sect'y.

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### CUBEbic ACID.

The curative power of cubeba has been found to reside in cubebic acid, a crystallizable constituent, and not in the volatile oil or resins. From eight to thirty grains of this in pill, in twenty-four hours, completely cured three out of five patients in six days. In the remaining two the discharge was very much diminished.—*Med. and Surg. Reporter.*

REUBEN E. FENTON, Esq., Governor of New York, has furnished us with a copy of his able annual message, 1868. We make the following extracts from the same;—

PUBLIC CHARITIES.

The Officers of the Asylum at Utica report the general operations of that institution for the past year as follows;—

|                                                   |       |
|---------------------------------------------------|-------|
| Under treatment at the commencement of the year.. | 641   |
| Received during the year.....                     | 401   |
| <hr/>                                             |       |
| Whole number treated.....                         | 1,042 |
| Discharged during the year.....                   | 159   |
| Discharged improved during the year.....          | 58    |
| Discharged unimproved during the year.....        | 164   |
| Discharged as not insane during the year.....     | 7     |
| Died .....                                        | 52    |

The Commissioners intrusted with the construction of buildings for the blind at Batavia have made successful progress, but will require an additional appropriation to complete the tasteful and well arranged structure, now in course of construction. They have manifested commendable regard for the interest of the State, and in the prosecution of the enterprise have displayed marked intelligence, zeal, and ability.

The Board of Trustees suggest that the number and needs of this class of unfortunate persons are such as to call for two institutions of this character. Should this view obtain, your attention is respectfully directed to their earnest recommendation for the purchase of the building at Binghamton, already selected and prepared for the temporary use of the blind.

In pursuance of an act of the last Legislature the Trustees of the Inebriate Asylum at Binghamton, have conveyed the asylum property to the State. The Board have continued in the discharge of their duties, and I am informed the asylum is now in successful operation. Questions relating to the change of title and the necessity of a modified system of regulations will doubtless be discussed in the report of the trustees.

The institutions already in operation for the treatment of the blind, the deaf and dumb, and the idiotic, and those of a reformatory character, are fulfilling the just expectations of the State, and producing the beneficent results contemplated; and this is apparently true of those founded by private munificence as well as those established and maintained by public authority. \* \* \*

EDUCATION.

The report further shows that the number of children and youth in daily attendance at the public schools is 30.62 per cent. of the entire number between the ages of five and twenty-one years of age,

or 44.54 per cent. of the whole number of children between six and seventeen. \* \* \*

In all our cities, and in most of our large villages, the education of youth is provided for by special acts, giving enlarged powers to the local authorities, or creating boards with exclusive control of the schools. They are generally well managed, and it is believed that our schools in the city as well as in the country have advanced the character of our population above that of any other people. If it is true, however, as asserted, that poverty, crime, and ignorance, still largely prevail in our most populous cities, the result, in part, at least, of neglect to educate all the young, should we not extend and improve our schools, and bring every child within their influence? In some of our cities, and especially in New York and Brooklyn, the school accommodations are insufficient, and thousands of children are unable to gain admission. The provision for higher classes and more advanced pupils is not deficient, but the rooms for primary scholars are overcrowded. It is probable that the city authorities have power to correct this defect, but, if otherwise, I feel confident that the Legislature will apply the appropriate remedy.

The Cornell University has been developed quietly and effectively during the past year. One large and substantial edifice in stone has been completed, and another is being pushed rapidly forward. A large number of professors have been chosen, and all the preparation for opening the university has so far advanced as to induce the trustees to announce that students will be received in September next. The law granting to this university the proceeds of the land grant of Congress, continued in force, will form a noble endowment, and place the institution upon a foundation which cannot fail to give it prosperity and permanence. It can hardly be doubted that the original intention of the act to promote agriculture and the mechanic arts will receive, in the progress of this university, its highest fulfilment. Combining the greatest scientific, literary and practical advantages with a large number of free scholarships, open to competition in all the Assembly districts of the State, and somewhat connected as it is with our common school system, it seems well worthy of the fostering care of the Legislature, and of the confidence of the people of the State.

I would also call your attention to the State Cabinet of Geology and Natural History, and the importance of keeping up its collections, and completing the publications connected with the natural history of the State, which have proved important auxiliaries in the progress of geological science. These works are cited as standard authority in all parts of the civilized world. Our collections have been largely increased during the past year in many of the departments, and perhaps in no other State are the results of scientific research more diligently sought, or more carefully preserved. Our material interests are so intimately connected with the advance of science in every department of investigation, that I do not hesitate to commend it to further recognition and support.



The report of the Regents of the University presents the conditions of the colleges and academies of the State as highly prosperous. Among the interesting suggestions contained in their statement is that which relates to the growing munificence of individual citizens in the permanent endowment of higher institutions of learning. It is stated, however, that instances have occurred in which parties wishing to set aside funds for educational purposes have been at a loss how to secure their permanent application to the end in view. While the State provides free instruction for all in the elements of knowledge, it may properly encourage individual liberality, by providing whatever is needed in legislation for the protection of gifts and bequests to colleges and academies, incorporated by the State and subject to its general supervision.

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#### CORNELL UNIVERSITY.

*Albany*, Feb. 13.—At a meeting of the Cornell University Trustees this morning, the following named were elected to the Faculty of the institution: Professor of Agriculture, Joseph Harris; Professor of Military Science, Major J. H. Whittlesey of the United States Army; Professor of Mining and Metals, L. H. Mitchell; Professor of North European Languages, D. W. Fiske. The following named were elected to the non-resident professorships and lectureships: Professor of Natural History, Louis Agassiz; Professor of Agriculture, Gov. Frederick Holbrook, of Vermont; Professor of General Geology, James Hall, New York State Geologist; Professor of English Literature, James Russell Lowell; Professor of Recent Literature, Geo. Wm. Curtis; Professor of Constitutional Law, Theodore W. Dwight. The nomination of Gov. Holbrook was made upon the recommendation of the Executive Committee of the State Agricultural Society now in session. The reports of the committees show that the affairs of the University are satisfactory beyond the anticipations even of its warmest friends. Everything is to be in readiness for the opening of the institution on the third Wednesday in September next. Seventeen professorships have been filled, and eleven vacancies remain, the most of them to be filled in July. Gifts to the amount of \$1,500 were tendered as premiums for the encouragement of students.

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#### STAFFORD SPRINGS, CONN.

THESE springs have been a favorite resort for invalids and pleasure-seekers for the last half century. There is no purer air or more romantic and delightful scenery in New England than that by which the hotel is surrounded. The mineral waters are not only a luxury for the bath and the palate, but possess decided medicinal properties, both tonic and alterative, proved by analysis and experiment.

The springs are accessible daily from New York by railroad or

steamboat, via New London, or by railroad via Hartford and Willimantic; also from Boston and Albany, and northern cities generally, by Western Railroad via Palmer, Mass.

The following is an extract from Trumbull's History of Connecticut, 2d volume :

"The springs are two in number. The first discovered contains iron held in solution by the carbonic acid, or fixed air, natron or native alkali, a small portion of marine salt, and some earthy substances. The other is charged principally with hydrogen gas of sulphur. It also contains a very minute portion of iron. The spring first discovered has been pronounced by chemists to be one of the best of chalybeate springs in the United States.

"The diseases in which these waters have been used with especial benefit are cutaneous affections generally, obstinate ulcers of almost every description, loss of appetite and indigestion, dropsies in the first stages, general debility, nervous headaches, weakness of eyes, &c. They operate almost universally as a diuretic. As a permanent tonic, these waters are esteemed as superior to almost all others in America."

The springs have all the medicinal power attributed to them.

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*Charcoal as a Hæmostatic.*—In a communication to the Berks Co. Med. Soc. Dr. W. MURRAY WEIDMAN, of Reading, offers the following of interest; "Charcoal (pulverized) has been recommended by all writers for the arrest of epistaxis. But sometimes, especially in the country, remedies cannot be obtained. But in every house a cork, a tea-cup, a stick, and a fire can be found. The cork is quickly charred by the fire, easily pulverized in the cup by the stick (a mortar and pestle), and thus one of the most efficient remedies is speedily prepared. A few weeks ago I was called to see a lad of 17, who had already lost twelve ounces of blood, and was still bleeding profusely from the right nostril. I used pressure, both internally and externally, with no avail. I made a cone of three inches long of prepared lint, saturated it with liq. ferri subsulph., and pushed it up the nostril as far as possible. This arrested the hæmorrhage for forty-eight hours, when oozing commenced, and sufficient blood was swallowed to produce nausea and vomiting. I was summoned to his bedside, and finding the blood again flowing, resolved to try the charcoal before resorting to the posterior plug. I had the 'cork charcoal' prepared, and directed it to be snuffed up, and by means of a quill blown into, the nostril. The result was very gratifying. Four repetitions had the desired effect. The hæmorrhage was stopped, and what was more gratifying, no pain or distress was experienced, as when the anterior or posterior plug is used. The arrest was so speedy and effectual, and the remedy so simple, that I feel warranted in recommending it to the profession in general."—(*Ex. from Trans. of Med. Soc. of Pa.*)

*Resin as a Styptic.*—It is stated (*Richmond Medical Journal*), by a Richmond physician of large experience, that “pulverized resin is the best styptic known. It will succeed when others fail. It is to be used on cotton or lint.”

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#### APPLICATION OF ANTISEPTICS TO WOUNDS.

The application of antiseptics locally to foul and unclean wounds seems to have found much favor in some parts of the Continent, especially with the Prussians in their military hospitals. An apparatus is there in use by which the spray of a solution of chlorine or other disinfectant is produced. It is made on the principle and plan of the ether-spray producer, but is larger. The bellows, of India-rubber, is strong, and worked by the foot; the tube connected therewith is five or six feet long, it has the usual reservoir of air, and terminates in a metal point. The vessel for the fluid to be vaporised is capable of containing a quart of fluid. It is fitted with two tubes: the one to admit air, the other to pass into the fluid below, and above to be placed on a level with the free end of the tube from the bellows, and to receive the blast from the latter. The success which has attended the local application of disinfectants in the form of spray is said to have been most marked.—*London Lancet*.

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**THE CÆSAREAN OPERATION.**—A woman, about 35, named Schmitt, in the last stage of pregnancy, was run over by a coal cart on the Boulevard de la Villette, a few days ago, and received such injuries in the head that she expired shortly after at an apothecary's shop, whither she had been conveyed. Drs. Tixier and Sallath then determined to save, if possible, the unborn child, and by means of the Cæsarean operation delivered a fine healthy boy, who appeared in no way to feel the effects of the accident which had been fatal to the mother.—*Quebec Chronicle*.

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#### NEW REMEDIES.

**ELIXIR OF CINCHONA, PYROPHOSPHATED.**—This preparation represents the alkaloids of Calisaya bark in their natural combinations with Pyrophosphate of Iron. A good wine (free from tannin) is sometimes made an ingredient of the preparation. This preparation has met with favor in cases requiring combination of ferruginous tonics with Peruvian Bark. The Pyrophosphate of Iron is in combination with Citrate of Ammonia, and is not disposed to constipate. The Elixir is quite palatable, and well adapted to cases of women and children. Each dessert-spoonful represents about 20 grains bark, and 2 grains of soluble Pyrophosphate of Iron. Dose, a dessert-spoonful.

**ELIXIR OF VALERIANATE OF AMMONIA.**—The persistent taste and odor of Valerianate of Ammonia are well disguised in this preparation by judicious combination with aromatics. A teaspoonful gener-

ally represents 1 grain of Valerianate of Ammonia. Dose, 1 fluid drachm.

**EXTRACTS, FLUID.**—The fluid extracts of the U. S. Pharmacopœia afford reliable and concentrated preparations. The recognized strength of the fluid extracts is such that 1 fluid ounce represents 1 troy ounce of the crude material. To this rule there are two exceptions, viz.:—Fluid Extracts of Wild Cherry and Peruvian Bark; these two are one-half of the above-mentioned strength.

**HYPOPHOSPHITES.**—The Hypophosphites of Lime, Iron, Soda, and Potassa, combined in the form of a syrup, or with Glycerine, have been used with much apparent success in cases of nervous debility and pulmonary affections. Dose, 1 to 2 fluid drachms.

**ODOFORM, OR TER IODIDE OF FORMYLE,** is used in place of the Iodides, with the supposed advantage of being non-irritant, and of more ready absorption and assimilation. It is used in combination with Quevenne's Iron, in pills containing 1 grain of each ingredient.

**IRON, IODIDE.**—Pills of Iodide of Iron are made and coated with sugar so as to remain unaltered. This method of administration has been found very acceptable to patients.

**IRON, PER CHLORIDE.**—U. S. P. The solution of the pharmacopœia directed for the preparation of tinct. Ferri Chloridi, is an excellent styptic, and useful as a stimulating astringent for ulcers. The solid Per Chloride is used with advantage to destroy fungous growths, and is especially useful in case of inverted nails.

**IRON, PER SULPHATE.**—Monsel's salt in a dry form, although affording convenience in carriage, has the disadvantage of resolving itself during dissolution into an insoluble subsalt and an acid solution of the per sulphate. Monsel's solution, if properly prepared, is free from excess of acid, and is preferable as a styptic to a solution made from the salt.

**IRON, PYROPHOSPHATE.**—U. S. P. Is a compound salt containing Pyrophosphate of Iron and Citrate of Ammonia. The Citrate of Ammonia is necessary to render the Pyrophosphate of Iron soluble. This preparation is less liable to produce constipation than the other ferruginous preparations, and being almost free from chalybeate taste, is well suited for delicate women and children. Dose, 3 to 5 grains, to which Syrup of ginger can be added.

**LITHIA, CARBONATE.**—U. S. P. Recommended in cases of gout and gouty diathesis to eliminate Uric Acid from the system. Carbonate of Lithia is soluble in one hundred parts of water at ordinary temperature, and much more freely soluble in Carbonic Acid Water. The dose of the Carbonate, is from 3 to 6 grains.

**MORPHIA MECONATE.**—This alkaloid, combined with the acid associated with it in opium, has had claimed for it less disposition to produce nausea than the usual Salt of Opium. Dose, the same as the sulphate.

**MAGNESIA, CITRATE,** in a granular condition, giving an effervescent solution, affords facilities for the administration of this refrigerant laxative. It has the advantage of being less strongly acid than the solution as usually found in the shops.



**NARCIA.**—One of the alkaloids from opium, has received attention as a Narcotic. It is claimed for it that it is simply sedative without toxic properties. The price, however, is likely to interfere with any extended use of the remedy. It has been used in doses larger than is customary with morphia.

**PEPSINE.**—Prepared from the stomach of sheep, is growing into favor in cases of dyspepsia, and debility of the stomach following or attendant on exhausting diseases. Dose, about 15 grains, to be taken before each meal.

**PER MANGANATE OF POTASH.**—Two articles are found in commerce. A crude manganate, which becomes Per Manganate in solution, and a crystallized Per Manganate. The former is sold at one-fourth the price of the crystal. It affords a strongly alkaline solution, which should be neutralized by acetic or nitric acid, if it is desired to use it on ulcerated surfaces, or internally. As a disinfectant it answers an economical purpose.

**RHIGOLINE.**—One of the light Hydrocarbon products from the distillation of Petroleum Oil. It is more volatile than ether (boiling at 70° F). It is used as a local anæsthetic, by means usually of Richardson's spray-producing apparatus, either by itself or preferably mixed with ether.

**SODA, CHLORATE.**—Has for advantage over the corresponding Potash Salt, a much greater solubility, dissolving in 3 parts of water at 60° F. Dose, the same as chlorate of potash.

**SODA, SULPHITE.**—U. S. P. Used in cases of yeasty vomiting, some forms of sore mouth attributed to a parasitic vegetable, dyspepsia, and other forms of digestive derangements, and erysipelas. Dose, 1 drachm two or three times a day. As a wash, 1 drachm to 1 ounce of water.

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#### ERGOT IN PARALYSIS OF THE BLADDER.

Dr. Leon Serbet was called to a patient, aged 66 years, who had been suffering from incontinence of urine for fifteen years. On the day of the visit the patient had complete retention. There was no constriction of the urethra, marked sensibility, or obstacle to the passage of water, except a slight enlargement of the prostate. At the end of eight days the patient had still no power over the bladder. The case being considered as one of paralysis, owing to over-distension, it was concluded to try the ergot of rye in powder; thirty grains during the day. This produced no effect beyond slight pains in the hypogastric region, and the water still required to be drawn with the catheter. At the end of ten days the ergot was administered in fifteen-grain doses, four times daily, at twenty minutes interval before and after a hip-bath given in the morning. From this time the patient could urinate, and the incontinence disappeared. This treatment was continued for fifteen days, at the end of which time the patient was cured.—*Med. Gazette.*

## LIQUOR FERRI PERSULPHATIS AS AN ANTI-PERIODIC.

Dr. G. H. Lenoir states (*Southern Journal Medical Science*, Nov. 1867), that he has tried the liquor ferri persulphatis in several cases of intermittent fever, where quinia has failed, and even produced unpleasant effects.

"Immediately after the administration of the iron the chills ceased, and in but one case was there a recurrence of the malady, and in that the patient had but one chill, after which there was no symptom of a recurrence."

He gave the solution in doses of from eight to fifteen drops every four or six hours, generally preceded by a full dose of pil. cathart. comp.

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## OIL OF JUNIPER AS A DIURETIC.

Sir James Simpson, of Edinburgh, spoke before the British Medical Association, in terms of high praise of this oil inhaled as a vapor in promoting the flow of urine. He puts a teaspoonful of the oil of juniper into a vessel of hot water, and directs the patient to breathe the steam. This gentleman, who is so well known as the advocate of chloroform in midwifery, at the same time expressed the belief that a century will find the profession administering all of our remedies in the form of vapors.—*Half-Yearly Compendium of Medical Science*.

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## DELIRIUM TREMENS WITH CANNABIS INDICA.

Dr. Bedoe, Physician to the Bristol Royal Infirmary, advises, in the treatment of *mania à potu*, the employment of the cannabis indica. He usually begins with a grain of good extract or twenty minims of the tincture; waits from four to six hours, and then, if the patient be awake, gives a double dose. If this also prove fruitless, six hours later he gives three or even four grains; then allows six or eight hours to pass, and if necessary tries a yet larger dose. Longer intervals are obviously needful for extract than for tincture. In one case Dr. B. gave as much as six grains before the patient began to sleep. Along with the remedy he is accustomed to give as much soup, milk, and other digestible food as the patient's stomach will bear, and says that cannabis does not injure the appetite as does opium. He rarely gives alcoholic stimulants unless the pulse gives unmistakable evidence of its propriety.

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## WOMEN DOCTORS IN ENGLAND.

The London *Spectator* says: "We have heard the opinion of one of the most eminent of our living physicians, that one of the new

lady physicians is doing, in the most admirable manner, a work which medical men would never even have had the chance of doing. Mothers bring their children to her in hundreds to consult her on really important points, on which they freely admit that they would never have thought of taking advice at all had she not been accessible to them. And we should not be surprised to find that even in law, as certainly in literature and art, special fields of exertion quite consistent with feminine instincts will spring up, if they are only looked for."

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NOXIOUS EFFECTS OF THE KERNELS OF PEACH STONES.—At Toulon, a short time ago, three children, from four to five years old, who had eaten some of these kernels, were seized with very severe convulsions. One died in less than an hour, the two others, who had perhaps partaken less freely of the poisonous substance, recovered—thanks to very active and persevering therapeutical measures.

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#### OPAQUE CORNEA.

M. de Luca (*Medical Times and Gazette*) has found that sulphate of soda will remove the opaque spots in the cornea with great rapidity. He first used a solution, but afterward ascertained that the finely pulverized powder was more speedy in its operation. A few particles allowed to fall upon the eye restored in great measure the vision of one, who before was almost blind.

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#### VALUABLE PREPARATION OF GLYCERIN.

The Philadelphia *Journal of Pharmacy* contains a formula for a preparation which is likely to prove valuable for external use. Four parts, by weight, of yolk of egg are to be rubbed in a mortar with five parts of glycerin. The compound has the consistence of honey, and is unctuous like fatty substances, over which it has the advantage of being easily removed by water. It is unalterable, a specimen having laid exposed to the air for three years unchanged. Applied to the skin it forms a varnish which effectually prevents the action of air. These properties render it serviceable for broken surfaces of all kinds, particularly erysipelas and sore nipples, and for cutaneous affections, of which it allays the itching. In the latter case, its harmlessness prevents any interference with suckling.

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#### FOR SALE.

To an Eclectic physician, my practice and house and lot, located in Gowanda, Catt. Co., N. Y. My practice amounts to \$4,000 per year. Will give possession about the middle of May. In mean

time will recommend and introduce purchaser to my patrons. Will sell all for \$2,000. Terms of payment easy. All applications for this location must be made immediately.

C. C. JOHNSON, M.D.,  
Gowanda, Catt. Co., N. Y.

## BOOKS AND JOURNALS RECEIVED.

Lectures on Orthopædic Surgery, delivered at the Brooklyn Medical and Surgical Institute. By Louis Bauer, M. D., M. R. C. S., Eng., Prof. of Anatomy and Clinical Surgery, etc. Second edition, revised and augmented, with 84 illustrations. New York, William Wood & Co., Publishers, 61 Walker Street, New York, 1868. Will be noticed in next No. of Review.

Eighth Annual Report of St. Luke's Hospital, New York, 1867.

Twenty-third Annual Report on Public Schools in Rhode Island, made to the General Assembly at the January Session, 1868.

Thirteenth Annual Report of the Board of Education, Department of Public Instruction, city of Chicago, 1867.

Forty-ninth Annual Report of the Trustees of the New York State Library, Albany, 1867.

Mr. S. R. WELLS, Editor Phrenological Journal, has published—

The Good Man's Legacy. An Excellent Sermon, by Rev. Samuel Osgood, D.D. With Portrait and Sketch of Dr. Richard Rothe, of Heidelberg. Price, 25 cents.

Consumption; its Cause, and Cure by the Swedish Movement. With Illustrations and Directions for Home Application. By David Wark, M.D. Price, 30 cents.

Education of the Heart. The Necessity of Moral Culture for Human Happiness. By Hon. Schuyler Colfax. Sent post-paid for 10 cents. Address the Publisher, 389 Broadway, New York.

The Chemical News and Journal of Physical Science.

Buffalo Medical and Surgical Journal.

Boston Medical and Surgical Journal.

Eclectic Medical Journal of Cincinnati.

The Druggists' Circular and Chemical Gazette.

The Journal of Materia Medica.

Pacific Medical and Surgical Journal.

The Leavenworth Medical Herald.

The Galveston Medical Journal.

The Dental Register, Cincinnati.

The Dental Cosmos, Philadelphia.

American Homœopathic Observer.

The American Journal of Photography.

The Herald of Health, New York.

Phrenological Journal, New York.

The League, November, 1867.



AMERICAN  
ECLECTIC MEDICAL REVIEW;

A Monthly Record of Medicine

AND

THE COLLATERAL SCIENCES.

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ORIGINAL COMMUNICATIONS.

Women in Medical History.

BY ALEXANDER WILDER, M. D.

THERE have appeared within the past few months, numerous paragraphs in the public journals, from which it appears that the success of women in reclaiming their ancient prerogative to *cure* or care professionally for the sick, is fast becoming an accomplished fact. This is not altogether a "Yankee notion," although the establishment of medical colleges for women seems to have first occurred in this country; and the first cordial welcome was accorded to women within the vestibule of the medical profession, by members of the Eclectic and Homœopathic schools. The idea is an old one, much older than many have supposed; and comes from the other hemisphere.

A few months ago, a Russian lady, a student in the University of Zurich, in Switzerland, whose name I regret has not been given, was awarded after due examination the degree of *Medicinæ Doctor*. Professor Rose delivered the address and conferred the diploma, declaring to the audience as he did so, that this was no innovation. Over fifty years ago, he informed them, a woman received the degree of Doctor of Medicine at the old University of Giessen, on the

river Lahn, in the Grand Duchy of Hesse-Darmstadt. If this had been an isolated example, it would have served abundantly to illustrate our position that the entrance of women into the medical profession, and especially into the halls of medical instruction, is no intrusion, no advancing beyond their appropriate sphere of useful activity, no abnormal or unprecedented manifestation.

But the instance is not solitary. In London, but the last autumn, the Court of Assistants of the Apothecaries' Company adopted a rule to the effect that women should not be excluded from their examinations in arts; and it is probable that this important concession will be followed by admitting them unreservedly to the medical examinations. It is said this decision has been mainly brought about by Dr. N. Buchanan, an influential member of the Court of Assistants, which is the governing body. Dr. Buchanan is also a considerable subscriber to the funds of the Female Medical Society, and he is a member of a select committee recently formed "to promote the development of the Ladies' Medical College on a sound public basis." The college has now been in successful operation for four years. It has already become self-supporting, and has among its list of subscribers and friends the names of the Duke and Duchess of Argyll, Mrs. Gladstone, Lord Houghton, Archbishop Manning, the Earl of Shaftesbury, and others.

When the colleges and universities of Europe are open to them, it is not for the more recently established seminaries of America to demand their exclusion. If the older civilization has given them access to professional attainments and degrees, the more recent civilization of this continent will not be able to hold them back. We have got to keep up with the times, and maintain an equal step with the progressives over the Atlantic, or we will soon become ourselves an effete order of beings, already in decay while not yet mature. To be an "old foggy" in America, a fossil of a modern era, is a rank for which we have no ambition.

Doctor T. G. Thomas, of this city, has recently compiled a "Practical Treatise" on Diseases of Women, containing

great research, and other merit ; in which he makes the following remarks (page 49) in relation to female practitioners :

“ Within the last twenty years a vigorous attempt has been made to open the field of gynecology to female labor, and to place it and its sister branch, obstetrics, to as great an extent as possible, under the management of female practitioners. To this end female colleges have been established in Geneva, New York, Philadelphia, and other cities of America ; and of late the English journals inform us of the foundation of one in London. In France a proportion of the work has for a long time been allotted to the ‘Sages Femmes,’ or midwives. Many of those who foster the attempt appear to regard it as a novel one, and reiterate the assertion that woman has never been allowed a fair trial in this, her most appropriate sphere of action. This is a great error. Not only has the way been open to her as competitor with man, but at times it has been almost entirely relinquished to her keeping. If success has not attended her efforts, it has been due, not to want of opportunity, but of capacity or adaptation. *Ætius* makes mention of the writings and practice of *Aspasia*, who was a doctress at Rome, about the third century, and copies extensively from her upon ulceration and displacements of the womb. *Paulus Ægineta* is, for some of his chapters, indebted to *Cleopatra*, fragments of whose writings he has preserved to us. He evidently quotes her with respect, and credits her with what he borrows. In the thirteenth century an Arabian woman, *Tratula* by name, published a treatise in which she mentions that many Saracenic women practised the art of obstetrics at Salerno. The women of Greece and Rome approached the task much better prepared to meet its requirements both mentally and physically, than do those of our day ; and surely no lack of opportunity could have been complained of by the successors of *Agnodice*.\*

\* The story of *Agnodice* is related by *Hyginus*. She was an Athenian maiden, and as such forbidden to learn any surgical art. But she succeeded, in the disguise of a man, in becoming a student of *Hierophilus*, a physician of some note ; and afterward engaged in practice with rare

“Those of the Arabian civilization had not only opportunity, but the incentive of necessity to urge them on to the acquirement of knowledge and skill; for so great were the sensuality and libertinism of the Saracens, that the Mohammedan laws prohibited the attendance of males upon females; and thus the whole duty, except in extreme cases, devolved upon the midwives.

“No one of extended views can desire to see the doors of science shut to any who are sincere in their wishes to engage in its pursuits; nevertheless, there is no resisting the evidence of history that, in spite of opportunities and incentives, female practitioners have failed in times past, not only to advance, but even to maintain the integrity of the art entrusted to their hands. The experience of the future may belie that of the past; but even its doing so will offer no good reason for despising the lesson which the past has left on record.”

We do not care to controvert the somewhat hasty conclusion of this learned author at any considerable length, in relation to the failure of women in maintaining the integrity of the art which he acknowledges was once almost monopolized by them. We prefer to leave that to the women, who are supposed to be capable at least of speaking for themselves. But he must permit a few corrections of the trivial errors of his statements. There has been a medical college for women in London for four years past, as has been already shown; and there are similar institutions in New York, Philadelphia, and Boston, but not in the city, or more correctly, the village of Geneva, in America. It is true that Elizabeth Blackwell attended lectures and received a degree at Geneva, but the Faculty of the institution declined to admit any more female students. The Eclectic and one or two Homœopathic colleges admit them; but the old school

success. Her skill excited envy, and she was arraigned before the court of the Areopagus, on some charge made by rival practitioners. Here her sex was disclosed; but instead of conviction, she was triumphantly acquitted, and a new law formed authorizing free-born women to study and practise medicine.



colleges are closed and locked. The disposition, however, is even worse than the practice. The female students attending the clinics at Bellevue Hospital in New York, complain of the uncourteous and sometimes ribald treatment which they have received on those occasions.\*

\* Since preparing this article, I have come across the following paragraphs, which illustrate the reluctance, amazing, as it shows the prevalence of trilobite ideas among certain circles of medical men. The first is from the *Evening Post* :

The Homœopathic Medical Society of Massachusetts has just finished a sharp wrangle over the question of admitting into its ranks a woman who has been graduated with all the honors, and is already a successful practitioner in Boston. When the final vote was taken there was very nearly a tie—thirty-three doctors voting against, and thirty-one for the admission. This was a defeat for Mrs. Mercy B. Jackson, of course ; but a defeat which came so near a victory is a sign of promise. The two or three physicians who made up the adverse majority will be quite likely to change their minds before the year is out. The women doctors are doing excellent service, if in no other way than by demonstrating the capacity of women.

The Albany *Knickerbocker* declares its views on the subject with great positiveness. It says :

No feature of the general question of woman's rights is exacting more attention than the recognition of women as regular medical practitioners. There is scarcely a meeting of a medical association in which the question does not come up, and it is generally disposed of as speedily as possible by deciding that this particular right of woman is not to be respected at present. The Pittsburg County Medical Society's Convention presented lately an argument taking ground that there were not a sufficient number of well-educated women, or women sufficiently well-educated, to embrace this profession. If this is the only reason for excluding females, the argument falls to the ground. Oberlin, Antioch, Vassar, and Rutgers Colleges are graduating every year hundreds of young women, who, so far as education and general accomplishments are concerned, are vastly in advance of many of the young men who go to Pittsburg or come to this city, or enter medical colleges elsewhere, to become what Bob Sawyer calls "sawbones in training." It is not likely that women will ever become eminent surgeons ; but in this, as well as in every other pursuit, woman will find her proper place. No woman has as yet written a great epic, or a noted opera, and even the great pianists are found among men. But those women who are entirely competent will take that place in the medical profession for which they are fitted. The question has passed the bounds of controversy, and already assumes the phase of an established

It has not been pretended by educators of female medical students, that they were doing any novel or marvellous thing. To be sure, they were innovating upon a usage of modern establishing; but they knew that "in the beginning it was not so." In former periods the prerogative of the female physician was acknowledged. Our Norse and German ancestors believed that a God-born element pertained to the sex, and accordingly entrusted to them the healing art and the kindred pursuit of divination. The "wise woman" was the medical adviser in other countries, and mediæval romance abounds with her testimonials. The Romans and Greeks made a goddess, Lucina, the patroness of the obstetrical art, showing that they considered it emphatically a female vocation. Socrates, the Athenian philosopher, was the son of a female practitioner, named Phænarete; and during the whole period embraced in the narratives of the Bible, the obstetrical art was the peculiar province of women in Syria and Egypt. Modern Abyssinia seems to have maintained the former customs; for the mother of King Theodore was also famous as a successful compounder of medicines and a physician of the sick. Every intelligent advocate of the practice of medicine by women, has been aware that he had on his side, not only the convictions of earnest and progressive men of the present time, but abundance of examples and traditions from the past.

Whether women will maintain proficiency in the healing art is a question for themselves to determine. With Cleopatra, Aspasia, and Agnodice, who have been cited for examples, it is certain that they have attained eminence in the profession; and even in more modern times, a Madame Boivin has compelled learned professors to yield her the palm. With men doing the legislation and shaping the institutions, it is little marvel that women have been crowded out from the medical vocation. Our American civilization

fact. All that remains is to see whether what women promise to do professionally can be accomplished, and if the introduction of this new element in the medical profession shall be an additional and valuable means of alleviating human suffering.

will not let them even set type or learn mechanical handicrafts; while millinery, cooking, and retail traffic are grasped after by men. But it is hardly fair to cite these things as evidence of the incapacity of women.

We suspect, however, that there is a little professional pique at the bottom. The acquisition of medical degrees and employment by women will be very likely to revolutionize a practice which has become somewhat too general. The sickly sentimental doctrine of Michelet has been promulgated that a woman is always an invalid. Her ailments and fancied maladies have been created into a speciality, and hundreds of physicians make their subsistence by treating them. Little skill and learning are required, and the practice pays well. To be sure, female delicacy is sacrificed, and a morbid sensibility established, making their men's patients the derision of all their acquaintance. But the labor is easy and the emoluments lucrative. The introduction of a sufficient number of intelligent women into the profession of medicine would do away with all this pretty thoroughly. The quackery and impostures which have been accepted, in so many quarters, need such a check. The pretended number of uterine displacements, now affording a harvest for learned empiricism, would soon pass out of hearing, and the two hundred styles of pessary, as well as other pandemoniac harness devised for the torture of unwary females, would fall into contempt.

Under these circumstances, the claims of women to be admitted into the medical profession assume new strength. Their right as human beings to all knowledge which they can acquire, is supplemented by the necessity which exists for the more capable to become saviors and protectors of their own sex.

Fortified by examples from the past and called forward by the needs of the present time, the course to be pursued is rendered obvious. When the door to the House of Science is open, women may and should enter; where it is shut, it must be opened. The days of our effete fogysm are numbered. Cabals and other combinations cannot long hinder.

What has been done by women, can be done by them again. It becomes our instructors, our institutions of learning, our leaders of public opinion to be no longer indifferent; but to afford freely to one sex as well as to the other, that knowledge and that countenance and favor in its acquirement, which is always due to honest purpose and honorable endeavor.

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### Agrimomin.

BY PROF. C. T. HART, M.D.

Professor of Physiology and Pathology in the Eclectic Medical College of the City of New York.

ACCORDING to the nomenclature adopted in naming the active concentrated powders obtained from the various medicinal plants, agrimonin should be applied to that derived from the *agrimonia eupatoria*, or agrimony. This perennial herb is common to Canada and the United States, growing along road-sides, in fields and woods, and sometimes called cockle-burr, stickwort, &c. It bears racemes of yellow flowers in July and August. The whole plant—leaves, stalk, and root—is medicinal. The root seems to possess greater astringency than the stalk or leaves.

Until quite recently, little attention has been paid to this agent. It is classed as astringent and tonic, particularly to mucous membranes, and an infusion is recommended in bowel affections attended with a relaxed or atonic condition of the mucous membrane; also in cystitis and disorders generally of the urinary apparatus. It is likewise claimed that it acts directly on certain kinds of renal calculi, or so modifies the condition of the urine, as to lead to their disintegration. Some writer further advocates for it alterative properties, and says, if persisted in, will cure scrofula. Within the last few years, it has been discovered to possess still another and most valuable property, namely, *diuretic*, especially when employed as such in abdominal dropsy. In the cases in which, to my knowledge, it has proved so serviceable in the treatment of this disease, it was administered in the



form of alcoholic fluid extract, as prepared by Hart & Day—a teaspoonful or more, combined with a few drops of gel-seminum and simple syrup, every four to six hours. It is probable that this form of preparation contains the full therapeutic virtues of the plant; one thing is certain, remarkable effects follow its administration. The same combination also acts promptly and efficiently in gonorrhœa; and one physician of my acquaintance relies upon it exclusively in the treatment of acute cases. The action of the agrimony in the two latter diseases greatly enhances its value and enlarges its scope of usefulness. Nor is it confined to gonorrhœal irritation, but may be extended to other forms of urethral and cystic inflammations.

Without attempting a full history of this plant, or detailing all the special cases in which it may be beneficially employed, it will be more profitable to inquire into the particular tissues on which it acts, and the precise disorders of such tissues, in which it will prove curative. The most rational, and certainly the most convenient, method of classifying remedies is on this basis. There is no doubt that medicinal substances manifest special affinities, and no matter how introduced into the organism, make their selections, and show their preferences, sometimes carrying it to a high degree of refinement. Note, for example, the action of woorara and sulpho-cyanide of potassium. In a nervous trunk, the same sheath encloses both motor and sensory fibres. One agent will pick out the motor filaments and destroy their functional activity; while the sensory are not at all influenced, and *vice versa*. The materia medica cannot be mastered and made fully available until the special affinities of all agents are thoroughly studied and their action discovered and fixed on this basis. By actual experiment, we find that agrimony manifests a preference for mucous tissues; it selects them primarily, and in some way sets up certain changes which modify their functional action. But we wish to go a step further. Dioscorea also primarily selects the mucous membranes, yet the two act differently, and are not indicated in the same diseases. We find that dioscorea is

specifically potent in overcoming irritations of mucous membranes, attended with pain and spasm, no matter whether located in the stomach, in the ramifications of the bile ducts—as in bilious colic—in the bladder or uterus. When the elements pain and spasm are associated with the irritation, dioscorea is prompt to relieve the irritation. In such cases agrimony is not indicated—will prove of no service; but in other forms of mucous irritation, accompanied with relaxation or atony, it is a valuable agent.

From the data now before us agrimony may be classed as an agent which acts primordially upon the mucous tissues, modifying in some way their functions, and specifically in overcoming irritations thereof, dependent on, or associated with, atony, relaxation or debility.

With this rule fixed in the mind, its range of application is at once suggested, and, added to its diuretic properties, it constitutes a most valuable and reliable curative agent. Its growing importance makes it necessary to prepare it in the most concentrated form, without destroying its virtues. With this view, the concentrated powder has been extracted by Dr. James Day, of the Empire Chemical Laboratory, to which the name *agrimonin* has been applied. It is obtained as a dark leaden-gray, or slate-colored powder, neither taste nor smell being disagreeable. Does it contain the virtues of the plant? We are now testing it experimentally, and should it prove *active*, it will at once take rank among our most reliable concentrated powders, and no physician will be without it. In answer to the inquiry, is it active—does it represent the agrimony? the first and only case in which it has, to my knowledge, been tried, gives reason to *hope* that it does. This case is now under treatment, and the details to be given are accurate in every particular. Before entering into minutiae, however, it is best to say a word regarding the patient's general health and habits anterior to the date of the acute attack from which he is now suffering. For twelve months past, his health has been delicate. Repeated attacks of chills, rheumatism, pleurodynia, and a persistent laryngitis, had greatly enfeebled him, and there was an irritable,

debilitated condition of all the mucous tissues, an exquisite sensibility to cold, the slightest exposure or imprudence causing sore throat, laryngitis, or coryza, with an excessive discharge of mucus. Notwithstanding the necessity for the exercise of prudence, the patient's general habits were irregular, as to eating and drinking, and the use of tobacco. He placed no restraint on his appetite, and daily drank more or less wine, ale or distilled spirits, but not to excess. He was, notwithstanding, gaining strength and flesh, when, about three weeks ago, he was suddenly attacked, in the night, with inflammation of the neck of the bladder, with complete retention of urine. The usual treatment was adopted, and, in time, the acute symptoms subsided. Up to the 8th inst. he had taken various remedies, as buchu, hydrastis, leptandra, cornus, &c., but no special record was kept of the case or its treatment.

9th. The general condition of the patient to-day is as follows: He is much emaciated, digestion feeble, bowels costive, stomach and abdomen tender on pressure, very weak, though not confined to bed. When three or four ounces of urine have accumulated, there is an urgent call to evacuate the bladder, which must be responded to at once. At first the flow is natural, but presently a spasmodic contraction of the neck takes place, the stream stops, and considerable pain is felt at the verge of the anus, extending into the urethra. This pain is dull and heavy, while in the urethra it is more scalding. By an effort, as if to restrain the flow entirely, the stream is kept up evenly, except for the last few drachms, which are expelled in jets, as by spasmodic action. There is much tenderness on pressure from the verge of the anus, along the urethral track. There exists an annoying dribbling, or rather an occasional jetting of a little urine, increased by exercise or sudden movement, and necessitating the wearing of a cloth with oil silk to protect the clothing. A little of what appears to be yellow pus is discovered on the cloth to-day.

Urine.—First examination of urine made to-day, from a specimen taken from the whole quantity passed during the

night, which was about twenty ounces. This is much more than he had discharged in one night since first attacked. Yesterday—the eighth—he took no medicine, except three grains of agrimonin; one grain morning, noon, and night—this being the first he had taken. Dined yesterday on fish, and took a glass of ale, which disagreed; vomited in the evening, and took a tablespoonful of lime-water. The urine on standing deposits a copious white, flocculent sediment; is of lighter color than normal; specific gravity 8; reaction slightly acid. Under the microscope are discovered a little mucus, many tube casts, considerable pus, and abundant shreds of ordinary epithelium, and also the caudate variety.

*Treatment.*—Agrimonin continued; still in one-grain doses three times a day; no other medicine; light diet; able to attend to business, though very weak.

10th. Amount of urine passed last night about sixteen ounces; specific gravity 20; reaction normal; about the same proportion of epithelial shreds and pus. Tendency of the stream to check during micturition, with pain, and tenesmus still continue. The last few drops passed are still thick, white and muddy. No change in treatment or diet.

11th. Quantity last night about sixteen ounces; color normal; specific gravity 18; acidity normal; less flocculent deposit; epithelium and pus greatly diminished; less pain and irritation; feels better; digestion improved; bowels regular; continue same treatment.

13th. To-day the color, specific gravity, and reaction normal; pus, epithelium, and mucus greatly lessened; pain, irritation, and dribbling also much lessened; still gaining strength, though very slowly; all tenderness on pressure over stomach and bowels disappeared; bowels regular; agrimonin in same doses continued; in addition, four ounces of a decoction of *althea officinalis*, three times a day.

15th. No perceptible change; treatment continued.

From the foregoing report, it is just to say that in one case a fair trial has been given the agrimonin, at least for a few days. It is not proper to jump at conclusions, or generalize from only a few experiments. In this instance, with-



in 12 hours after the use of one article, very perceptible changes are established in the urine. It is increased in quantity, changed in color and reaction; the specific gravity rises from 8 to 20. Under its continuance, abnormal ingredients—pus, epithelial shreds, tube casts, and mucus—gradually diminish; and the dull, heavy pain, apparently at the neck of the bladder, with the scalding sensation in the urethra, and spasm during micturition, likewise subside. Under its administration, digestion improves, the bowels become regular, and strength is slowly gained, though the patient attends to business, and does much more active labor than is proper. It is possible that this might all be a coincidence, or occasioned exclusively by a more careful attention to diet. There is no doubt the latter had much to do with the improvement of digestion, but the change in the urine may have been influenced by the agrimonin. I place the case on record with the facts, and hope others will aid in discovering whether agrimonin is an inert substance, or whether it represents the virtues of the plant from which it is obtained.

Empire Chem. Laboratory, 221 E. 26th St., N. Y.

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Extract from a Valedictory Lecture Delivered before the Class of the New York Eclectic Medical College, by Prof. Robert S. Newton, M. D., February 5, 1868.

REPORTED BY H. C. COOPER, M. D.

*Gentlemen of the Medical Class of the Session of 1867-8:*

As this is the last opportunity I shall have of addressing you as a medical class, I propose to offer a few suggestions, which I think will be of advantage to you, as well as to refer to some of the peculiar characteristics of the eclectic medical profession in contradistinction to those of other schools. You have been sitting under the teachings of the Faculty of this institution for the last four months, for the purpose of acquiring the medical education necessary to enable you to discharge the duties which you owe to the medical profession,

to yourselves, and to the public. It may be considered that your studies are complete, as far as you have proceeded, but they are as yet elementary. You have simply had described to you the rudiments which form the foundation upon which the great superstructure of medical science is to be raised. So far as you are concerned individually, this building has not been completed. Although you have learned much, your studies are not at an end. While your professors may be proud of your advancement, it should be considered by you that you have just commenced your studies. You must not assume that because you have attended two or three courses of lectures,—that some of you will receive, at the close of the public exercises, the evidences of the opinion which the faculty entertain of your qualifications, by having conferred upon you the degree of Doctor of Medicine—that this is an evidence that your studies are at an end. This is very far from being the case; for it is simply a step toward acquiring that knowledge of the science of medicine which is essentially necessary for your success in life, and the elevation of the medical profession. Knowledge is the beginning, the middle, and the end of all human progress—and there can be no advance in any direction without an additional degree of knowledge. A good deal has been said to stimulate you, with respect to schools and education, by comparisons which have been drawn betwixt this and other practices of medicine, but I am proud to say that we have not only the power to place ourselves in a higher position than similar corporate bodies, but that power and the desire are gradually growing. We are making great progress in the direction of that public sentiment which shall ultimately conquer all the difficulties upon that question, and put us in a position where we desire to be.

We often speak of the medical profession as a system of medical science. Science is governed by fixed rules and fixed laws, as demonstrable as the laws of astronomy—this being a branch of science. But when we look at medicine in its true light, unadorned—standing upon its own truths, or resting upon its own foundation—we cannot, in that light,

in comparing it with the science of astronomy, for a single moment regard it as a science. The whole system of medicine as it is in the abstract, is based upon the principle of empiricism. The whole science of medicine—now to admit it as a science—had its origin, and it has its progress, and it is still progressing, according to the rules and principles of empiricism. Medicine as a science, upon the principle of the definition which I have given you, has never progressed. It is only in proportion as we indulge in empiricism, and recognize empiricism as a progressive element, that medicine as a science does progress. Astronomy is a science. It is fixed. It is unchangeable. It is completed. There is no progression in it; for, unless we admit the same of medicine, we can no longer sustain the proposition that medicine is a fixed science, and governed by a fixed law or principle. If such was the case it would not be necessary for us any longer to consider the importance or necessity of further exertion. There would be no more need for medical colleges, medical teaching, medical books, or medical discoveries or evidences of progress, for the subject would be completed. This is not so. Without the laudable spirit that actuates us, few or none of the imperfections of our fraternity, or the evils of the practice of medicine, would be discovered. It is the privilege of our institution—never satisfied to be still; our reason compelling us constantly to labor in order to lift up our profession into a higher condition than that in which we find it. The spirit of innovation has been carried by us largely into the fields of medical culture—and we still want to carry further on this spirit of enlightenment. The world wants a great many things, but the thing that the world wants more than all others, and which every part of the world, and every individual in the world wants more than all other things, is an acquaintance with the new principles of Eclectic Medicine.

From a pamphlet which I hold in my hand at this time, the title of which is, “An Introductory Lecture, delivered before the Medical Class of Harvard University, November 6, 1867,” by Oliver Wendell Holmes, one of the professors of that institution, I make the following quotations:

Speaking of Prof. Jackson, of Boston, for a long time one of the shining lights of the New England profession of the allopathic school, he refers to an incident, or conversation, which seems to have taken place between him and his preceptor when he first commenced the study of medicine. He says: "When I first went to live with Dr. Holyoke in 1797, showing me his shop, he said, 'There seems to you to be a great variety of medicines here, and that it will take you long to get acquainted with them; but, most of them are unimportant. There are four which are equal to all the rest, namely: mercury, antimony, bark, and opium.'" And Dr. Jackson adds, "I can only say of his practice, the longer I have lived I have thought better and better of it. When he thought it necessary to give medicine, he gave it in earnest. He hated half-practice—giving a little of this or that, so as to be able to say that one had done something, in case a consultation was held, or a still more ominous event occurred. He would give opium, for instance, as boldly as the late Dr. Fisher, of Beverly; but he followed the aphorism of the Father of Medicine, and kept extreme remedies for extreme cases.

"When it came to the 'non-naturals,' as he would sometimes call them, after the old physicians—namely, air, meat, and drink, sleep and watching, motion and rest, the retentions and excretions, and the affections of the mind—he was, as I have said, of the school of sensible practitioners, in distinction from that vast community of quacks, with or without the diploma, who think the chief end of man is to support apothecaries, and are never easy until they can get every patient upon a regular course of something nasty or noxious. Nobody was so precise in his directions about diet, air, and exercise, as Dr. Jackson. He had the same dislike to the *à peu près*, the about-so-much, about-so-often, about-so-long, which I afterward found among the punctilious adherents of the numerical school at La Pitié.

"He used to insist on one small point with a certain philological precision, namely, the true meaning of the word 'cure.' He would have it that to *cure* a patient was simply



to *care* for him. I refer to it as showing what his idea was of the relation of a physician to the patient. It was, indeed, to care for him, as if his life was bound up in him; to watch his incomings and outgoings; to stand guard at every avenue that disease might enter; to leave nothing to chance; not merely to throw a few pills and powders into one pan of the scales of Fate, while Death, the skeleton, was seated in the other, but to lean with his whole weight on the side of life, and shift the balance in its favor if it lay in human power to do it. Such devotion as this is only to be looked for in the man who gives himself wholly up to the business of healing, who considers medicine itself a science, or if not a science, is willing to follow it as an art—the noblest of arts, which the gods and demi-gods of ancient religions did not disdain to practise and to teach.”

It is true, medicine, if not a science, is an art; and I regard it as the noblest of arts, where it acts on the principles of that which constitutes a science. How very different do we find it from that which constitutes a science in the sense in which I have just given it to you. Anatomy is a description of the relation of tissues as they exist in the human body. There are certain laws which regulate the human economy, but these laws have nothing to do with the anatomical structure and description. Then all we want is the description of parts and tissues. The relation of one part to another and of that of the different apparatus, is simply an exception to the rule. Physiology is the description of the workings of the machine. Pathology is a description of the body as it exists in a morbid or unhealthy condition. It shows the action of disease upon the healthy structure. It is not in the same line or controlled on the same system as that of the fixed sciences. Certain causes will produce certain effects, and the object of studying pathology is to be able to trace these effects. Therapeutics is the application of resources for the removal of these effects or pathological conditions, and hence it may be said that it is one of the most important of all the other branches. After you may learn and understand anatomy to perfection, and understand all the laws

which regulate every function constituting physiology, you may be able to diagnose and determine every departure from health constituting disease, you may be able to comprehend every thing connected with it, and yet without a knowledge of therapeutics, not only with reference to the law which regulates the action of remedies, all you have read in your study of the science or system, as you may term it, or the art of medicine, amounts to nothing.

You have been taught simply the mechanical department of medicine, while you know nothing of the actual life-working power. Science, so far as this, is a discovery, makes no advancement. Science has never discovered a single remedy. Every discovery that has been ever made has been the result of empiricism. Our chemical compounds are the result of a knowledge of chemistry. They only show advancement so far as the science of chemistry is concerned.

The laws which regulate chemistry are fixed. They are as definite as the laws which regulate astronomy.

Not so with materia medica. Hence I say the discovery of remedies has always been the result of empiricism.

Upon this subject of empiricism, Dr. Holmes says: "Granting all this, we must not expect too much from 'science' as distinguished from common experience. There are ten thousand experimenters without special apparatus, for every one in the laboratory. Accident is the great chemist and toxicologist. Battle is the great vivisector. Hunger has instituted researches on food such as no Liebig, no academic commission has ever recorded. Medicine, sometimes impertinently, often ignorantly, often carelessly called 'allopathy,' appropriates everything from every source that can be of the slightest use to anybody who is ailing in any way, or like to be ailing from any cause." The first time it has ever been admitted in a broad sense by a professor of allopathy, that his school is an eclectic school.

His school "learned from a monk how to use antimony, from a Jesuit how to cure agues, from a friar how to cut for stone, from a soldier how to treat gout, from a sailor how to keep off scurvy, from a postmaster how to sound the Eusta-

chian tube, from a dairy-maid how to prevent small-pox, and from an old market-woman how to catch the itch-insect. It borrowed acupuncture and the moxa from the Japanese heathen, and was taught the use of lobelia by the American savage. It stands ready to-day to accept anything from any theorist, from any empiric, who can make out a good case for his discovery or his remedy." Who dare now say that our alma mater (for we graduated in an allopathic school), is not making some advances.

"Science is one of its benefactors, but only one out of many. Ask the wisest practising physician you know, what branches of science help him habitually, and what amount of knowledge relating to each branch he requires for his professional duties. He will tell you that many facts are explained by studying them in the wider range of related facts to which they belong. He will gratefully recognize that the anatomist has furnished him with indispensable data; that the physiologist has sometimes put him on the track of new modes of treatment; that the chemist has isolated the active principles of his medicines, has taught him how to combine them, has from time to time offered him new remedial agencies, and so of others of his allies. But he will also tell you, if I am not mistaken, that his own branch of knowledge is so extensive and so perplexing, that he must accept most of his facts ready made at their hands. He will own to you that in the struggle for life which goes on day and night in our thoughts as in the outside world of nature, much that he learned under the name of science has died out, and that simple, homely experience has largely taken the place of that scholastic knowledge to which he, and perhaps some of his instructors, once attached a permanent importance. This, then, is my view of scientific training as conducted in courses such as you are entering on" This paragraph is important, and as true as it is important. It admits a great deal, and it is only such men as the writer, or those of his class (and they are very limited in number), that hold the relation to that school of medicine, who will admit any such facts. They will tell you that their system of medicine has

descended straight down from the Father of Medicine. They have inherited it just as it was, and just as it is, in the same manner as a lord of the land in England inherits the property, or entails it upon the eldest son for all time to come, without any reference to the law of improvement of his farm or his estate. These gentlemen claim they have got medicine legitimately, and as such is the case, they propose to maintain it in that relation. Take out the claims, there admitted by Dr. Holmes, that do not emanate from their branch of the profession; admit what Dr. Wendell Holmes admits, and what is left? Every man who stands forth as a bold, independent thinker and investigator, in the broad acceptation of the term, is an empiric; and, gentlemen, you need not be afraid to have that epithet cast upon you, for without empiricism there can be no such thing as progress in medicine, in politics, in religion, or in society. Dr. Holmes would make us believe he is eclectic, and that their school is eclectic. Then why not say so? We admit that this principle of empiricism has made such bold strides in this country that it has made an impression upon the minds of the leading men of the allopathic school. They no longer deny the fact that everything pertaining to medicine, with the exception of the points referred to, is empiricism. When I say an eclectic school of medicine, I mean by that the result of the experience, and the result of the observations, and the results of the discoveries which are made of new remedies, and of the application of the old remedies to new conditions. The introduction of an entire class of remedies for disease, and of an entirely different preparation, is one of the high claims of the eclectic system of medicine, or the eclectic school. When I use the term school in this sense, I do not wish to be understood that it is simply a place to acquire education, or conduct an incorporated institution. That is not my meaning. Hence, I say our system. What has it accomplished? What has it done in this country? It has produced an entire revolution in regard to the subject of venesection and the use of mercurials. While it may not have changed the sentiment



of the leaders, or authors, or teachers in other schools, the impression which the treatment alone can enforce upon the public mind, has been such as to produce a universal distrust and want of confidence in the remedies throughout the public mind in this country. It has revolutionized the whole theory, almost, in reference to what is termed the antiphillogistic doctrine. It has revolutionized the prejudice that existed against the use of cold water in disease. Why, it is in the remembrance of several of the gentlemen that sit here before me, and distinctly so with reference to myself, since the introduction of cold water was admitted as a therapeutic agent, or even admitted to be used in circumstances of sickness, and especially in fever. At one time, speaking in reference to myself, being attacked with continued fever which lasted me for thirteen days and nights, I was prevented from having cold water, and if I had possessed a mine of wealth, and could have commanded it, I would have given it all for a cup of water. The physician said to father, "If Robert takes one drop of cold water he will die." In 1839, there was delivered the first lecture in America admitting that it was possible that cold water might be used in fever. This system of medicine has taught that the use of mercurials as hepatics are unnecessary; that a class of remedies, peculiarly indigenous to this country as a class, are sufficient to remove the ordinary diseases of this climate. They have taught that these remedies act in harmony with the laws of the system; being discoveries simply the result of observation in daily practice; and they have been sufficient not only to convince the medical profession, but the community at large, of their value. It is the people with whom you have to deal, without reference to schools. As a school of medicine, we have arrived at a period in its history when we can say its truths, its doctrines, and its teachings, and their effects are recognized throughout the whole medical world. What has led to this result in a great degree has been the course taken by the old schools in denouncing us. But truth, whenever investigated, is convincing and powerful in its action upon the men who

receive it just in proportion as it is tested. We have taught you the truth as we have adopted it.

America has, I believe, contributed as much to medical science as any other country in the world. We have great men, and have had as great men in the past, as those of any other country—men not only great in scientific attainments, but whose character has added much lustre to medical science. Hitherto industry and science have been too much separated and too much divided, but eclecticism has brought these two elements more together. I claim that the eclectic school of medicine has no superior. When I make this remark it is not to detract from any practitioner or any school of medicine. You never have, so far as my teaching and conversation with you, heard me on any occasion, nor do I desire, to deny, or hide the truth that belongs to any physician or any school of medicine. In any remarks I may have made, which have the appearance at all of feeling upon the subject, has been because I oppose the errors and dogmas of schools and men. Truth should be appreciated wherever we find it, without reference to school or physician. You should glory in the name of reform, and be happy in the very fact that you are classed with the school of progression. The doctrine I teach to day, which I conscientiously believe, and the practising of which has proved successful to me, may in a short time be superseded by improvements which may be made in the application of a different class of remedies for the removal of disease. I do not require you take the oath that is taken in other schools.

The teaching of the old school is not the doctrine of eclecticism, for our system of teaching is onward and upward; and I hope, in conclusion, that this class, and students of this college, will go out in the community, and take positions, and discharge their duty as physicians, remembering that their study has just begun. Do not for a moment cease, day or night, to make your profession your grand theme. If man has any inclinations and tastes, let him engage in other pursuits; but I say, if you are a professional man, let your whole time be consumed with something that pertains

directly to your profession. Dr. Rush says, "medicine is my wife and science is my mistress," and he accepts that, so far as it has the intention of teaching men the necessity of making medicine their business if they engage in it at all. With reference to one idea, Dr. Clarke, of Boston, speaking of the total number of deaths in the city of Boston, says: "Nearly seventeen hundred children, under five years of age, died in a year in that city," and refers to the workings of the Dublin hospital, "by which some twenty-five or thirty thousand children's lives have probably been saved in a single city." Again, the complaint is often heard that the native population is not increasing so rapidly as in former generations, and he adds: "Take the important question of bleeding. Is venesection done with forever? Six years ago it was said here, in an introductory lecture, that it would come back again sooner or later. A fortnight ago I found myself in the cars with one of the most sensible and esteemed practitioners in New England. He took out his wallet and showed me two lancets, which he carried with him—he had never given up their use. Or, to mention one out of many questionable remedies, shall you give *veratrum viride* in fevers and inflammations? It makes the pulse slower in these affections. Then the *presumption* would naturally be that it does harm." See what Dr. John Hughes Bennett says in a recent edition of his work on medicine: "Nothing but the most careful clinical experience can settle points of treatment." He says, "These are all practical questions—questions of life and death—and every day will be full of just such questions." Now I consider these as foregone conclusions, just as well settled in this school of practice as that water will run down a board when the board stands on end; but in that famed and distinguished institution which boasts of its hundreds of students, according to the wording of this lecture, delivered in November last, the question was yet to be considered whether *veratrum* might be used with safety or not. Those are practical questions, and deep questions of life and death. It is true they are. But is it not astonishing that they have, even now at this advanced period, in this generation,—that

any men should stand up and say, "Shall we consider whether we will introduce the use of the lancet again, and whether we will try its effects? Whether veratrum should be used in fever. Admitting it produced a weakened action of the heart, may not the depression that is caused exercise an influence which is evinced by the weak pulse? Might it not have a dangerous result?"

Gentlemen, empiricism is proposed, and if they have tried it all this winter they may have learned by this time what veratrum will do. In reference to what the lancet has done, if the graveyards could speak, and tombstones could be in evidence in a court of inquiry on this subject, we know what the verdict would be by a sensible jury.

Gentlemen, allow me to thank you for the attention you have given to my department, and the courteous manner you have manifested as students. And, gentlemen, whether you remain here or not in the spring session, wherever you go, you will carry with you my kindest regards for your success and prosperity.

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### Clinical Record of Cases treated at the Eclectic Medical Dispensary.

ATTENDING PHYSICIANS, PROF. C. T. HART, M. D., AND  
JAMES DAY, M. D.

[E. (Continued from [page 154])

CASE 5,121. Mary H—, aged 7, was brought to the Dispensary on the 21st instant. Had suffered for some days with pain in the frontal region and left lung, with fever and cough. This had not alarmed the parents until on the evening of the 20th, after a fit of coughing, she was found covered with blood; and again the next morning, during a paroxysm of coughing, blood flowed freely from mouth and nose.

On examination we found her suffering with well-developed pneumonia—considerable crepitation on auscultation, especially in left lung, high fever, florid countenance, bowels costive, severe pain in the frontal region, and rapid respiration.



We desired the patient taken immediately home, and kept in a room where the temperature would be uniform.

*Treatment.*—To be placed in a hot mustard bath, after which hot applications to be kept to feet and hands to promote perspiration, and 15 drops of comp. tinct. serpentariæ to be administered every half hour, promising to see her at her house on the following day, 22d. We called, and found her, if any thing, worse, probably from the exposure. Found the bath had not produced diaphoresis, and the tinct. serpentariæ had not been administered. We immediately obtained some alcohol, and administered a vapor bath, pushing the same almost to faintness, promoting a continued action of the skin by the administration of 15 drops of tinct. serpentariæ comp. every half hour for 3 hours. We then left the following

R  
Alc. Fld. Ext. Asclepias,                    3 iij.  
“ “ “ Veratrum Vir., gttss. xx.  
Syrupi Scillæ,                                3 vi.

Mix,—give half teaspoonful every third hour.

This treatment was continued for 3 days, with the addition of quinine, when the child was discharged cured.

*Remarks.*—This case of pneumonia has been selected with the view of calling the attention of practitioners to the prompt and efficient action of the spirit vapor bath, in arresting inflammation of the lungs in its early stages. The mode of administering the bath is simple, and generally well known. Our plan is to seat the patient in a wooden-bottom chair, with the feet in a tub of hot water, in which has been thrown some ashes, mustard or pepper. Pin blankets closely about the neck, allowing them to fall loosely around, enveloping tub and chair. Pour a few tablespoonfuls of alcohol in a saucer, place it under the chair and ignite it. At the same time give a dose of comp. tinct. serpentaria, repeating it every 15 minutes. In a very short time copious diaphoresis is established. In 15 or 20 minutes faintness is usually complained of, when the patient should be put to bed enveloped

in the same blankets, and allowed to sweat for some hours. The covering should then be gradually removed, and after perspiration ceases, the body should be sponged off in a little lukewarm salt and water, or whiskey and water, dried and made comfortable. If the patient is very feeble, the bath may be administered in bed, by placing around the body several hot bricks, dipped first in whiskey and water, and wrapped in cloths. This is not so speedy, but answers a good purpose, in cases which are too feeble to sit up, or which would be liable to injury from being moved about. The immediate effects of the bath as above described, are sometimes remarkable.

The intense pain attending acute pleurisy is often relieved in a few minutes, and with proper subsequent treatment, does not return. The disease may be said to be cured in a few hours. The principle on which it acts, is plain, and in the highest degree rational and philosophical. In the early stage of inflammation of the pulmonary parenchyma—pneumonia—the air cells and small ramifications of the bronchial tubes are filled with serous effusion from the capillaries, which condition gives rise to the crepitant rale, hurried respiration, and dull pain. There is stasis of blood and insufficient aeration, and the heart labors, by rapid strokes, to supply the deficiency. The bath removes the obstruction in the following manner: The capillaries of the skin are charged with blood, which is thus determined to the surface by the hot stimulating vapor, and a large quantity is at once withdrawn from the congested lung. Pain and dyspnoea decrease in proportion as the circulation becomes equalized. At the same time the loss of fluid by the blood in the process of copious sweating disturbs its endosmotic equilibrium, the absorbents become active, and the fluids already effused into the air cells and bronchia are re-absorbed, and thus consolidation or hepatization is at once aborted, and the diseased lung is cleared of obstructions. With judicious subsequent treatment to prevent further effusion, control the heart's action, and tone up the capillary circulation, the case rapidly progresses to complete recovery. It is our firm conviction,

after many trials, that nine tenths of the cases of pneumonia and pleurisy in their early stages may be checked at once by the judicious use of the spirit vapor bath, and we cannot urge too strongly upon the practitioner that he may rely upon it as a most efficient measure. It accomplishes without depression or danger, more speedily and effectually, what is claimed for the lancet in the same condition.

CASE 5,102.—*Bone-Felon*.—Mrs. H——, æt. 36, presents herself to-day, Feb. 24th, and is much distressed at the formation of a second felon on the inner surface of the third phalanx of the second finger of the right hand. Some time ago had one on the index finger of the left hand which terminated, after a long suppurative period, in entire loss of the first joint of the finger, which is much diminished in size, stiffened, and indeed literally “whittled to a point.” The first was opened by a physician. She is very much alarmed about this, and is apprehensive of a loss of this finger, as in the previous case, and also dreads the suffering in store. It has been forming for several days, the part is considerably enlarged, hard and painful. The usual symptoms are present, and there is no doubt that another felon is forming. She is of full, plethoric habit, bowels usually costive.

Felon, in our opinion, is the same as ordinary abscess or “boil,” varying only in its inceptive point of inflammation, and runs the same course. Its distinctive peculiarity is that the inflammation commences on the inner surface of the periosteum next to the bony structure. As the periosteum is closely attached to the bone, and is of dense, tough structure, the least accumulation of pus beneath occasions great tension of the membrane, and consequent pain; and the pressure soon results in destruction of the bony structure. Consequently, the only treatment, when much pus has accumulated, and cannot be removed by absorption, is to lay it freely open through the periosteum, down to the bone, and convert it into a simple abscess. This should be done early or necrosis will inevitably ensue, and any less incision is of no use. However, where the case is seen early, before any great amount of pus has accumulated, it is possible to abort the inflammatory

process, and induce absorption of a small quantity of matter.

*Treatment.*—In this case we concluded to attempt the abortive plan, and with this view, commencing at the tip, bandaged the finger as tightly as she could bear, with strong narrow tape, laying a slice of fresh lemon over the point of inflammation, and including it in the bandage. This gave considerable pain at first. In thirty-six hours the dressing was re-applied.

March 10th.—The treatment has been successful—the inflammation aborted, but a new point of inflammation now appears upon the dorsum between the first and second metacarpal bones, near the joints, and involving a considerable portion of the back of the hand. This looks like an ordinary abscess, which we are determined to try to remove with carbolic acid. This is applied full strength, the crystals being liquefied by heat. The parts are carefully painted with this. Her bowels have been moved with cathartics. She has also taken a little salts daily, and now is on iodide of potassium.

March 12th.—The skin is wrinkled and somewhat charred by the acid, which we apply again, full strength.

March 15th.—Last application was too strong. In places the cuticle is completely destroyed, and we have made virtually a burn, but the inflammation is checked, and no abscess is formed. Not a particle of pus has accumulated.

The parts were dressed with mild zinc ointment, healed in a few days, and the patient discharged well. Our error in experimenting with the carbolic acid, was in applying it too strong the second time and establishing a sore—virtually a burn. Two points are shown by this case : 1st. It is possible to discuss a forming felon by lemon juice and pressure. 2d. The ordinary inflammation of abscess can be aborted by carbolic acid; but there is danger of continuing it too long of full strength, as it will destroy the tissues and establish troublesome sores.

H.



## PERISCOPE.

*Narceia*

Narceia is coming into great fashion among the French to replace morphia. The dose, generally given internally, is from a sixth to half a grain. At the outset it diminishes the pulse, but subsequently accelerates the pulsations. It does not seem to produce constipation, but rather a free action of the bowels. It is said to retard menstruation. Dr. Eulenburg prefers it to any other narcotic, and gives it in neuralgia, in painful affections generally, and articular diseases, iritis, cystitis, and orchitis, stating that it produces sleep "which is soft, tranquil, uninterrupted, and followed by a quiet awaking." Narceine is reported to be preferable to morphia as a general rule, and to act effectually in those cases in which morphia fails.—*Lancet*, Feb. 16, 1857, p. 220.

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*Inflammation of the Buccal Glands and Membrane, caused by the use of Mercurials.*

SALIVATION, caused by mercury, may be distinguished from all other forms, by the brassy taste, fetor of the breath, sponginess and ulceration of the gums. The diagnosis of mercurial salivation demands in some instances attention not only in a medical point of view, but also in a medico-legal point. In some cases salivation does not appear until months have elapsed after the administration of mercury has been abandoned. Suediaur has met with instances where the interval was several months; Cullerier with one where it was three months. After the use of mercury has been abandoned, and salivation, one of its results, has declared itself, it may continue to harass the patient, in some rare instances, for months, or even years.

"Cases have been recorded by Linnæus, Suediaur, Colson, and others of its continuance for periods varying from one to five, or six years. (*Copland's Med. Dict.*, p. 457.) Death may ensue (says Copland) from the mildest preparations, and even from comparatively small doses, generally in consequence of severe salivation, or of gangrenous destruction of parts of the mouth and fauces, and the vital depression produced by the mineral and by the local disorganization. In addition to the ordinary remedies in use for the relief of this malady, such as belladonna, opium, potassæ chloras, sulphur, acid sulphuric dil., alcohol, alum, argenti nitras, catechu, creasote, iodine, borax, tannic acid, and many other agents, rhatany should hold a conspicuous place as one of the most valuable agents. Its effect is said to be speedy and

efficient. As an application for moderating and reducing pain in ulcerations of the mucous membranes, to burns, ulcers, and blisters on the skin, rhatany effects a decrease of pain, it is said, with a marvellous rapidity."—*Journal of Materia Medica*.

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*Fever.*

*Aconite as a Febrifuge.*—In cases in which there is increase in the heart's action, aconite may be employed with advantage as a febrifuge, instead of salines. It has in such cases the power of reducing the pulse and relieving the whole train of febrile symptoms. All cases characterized by nervous excitement and those in which there is palpitation are relieved by aconite. For an adult, two drops of the tincture (P. Lond.) every three or four hours is a proper dose. It may be mixed with powdered sugar and laid on the tongue. The sensation of "pins and needles" shows that the drug is acting on the system, and on the appearance of this symptom it should be discontinued or the dose diminished. (Dr. Prosser James.)

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*Delirium in Fever, is it from head affection or from exhaustion?*

When, toward the termination of a case of fever, the thermometer indicates a normal temperature, when perhaps the pulse is frequent, the patient constantly delirious, and the mouth black with sordes, it shows plainly that these symptoms are not the result of cerebral inflammation, but depend, in all probability, on exhaustion; hence, nutrients and stimuli appear the rational curative agents, *versus* leeches, cupping and other lowering remedies. (Dr. J. S. Waters.)

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*Gout.*

*Hydrochloric Acid.*—A disordered digestion is the *primum mobile* of the whole train of morbid phenomena. This leads to imperfect performance of the function of respiration, whereby uric acid accumulates in the blood (it would otherwise be oxidized into urea, and excreted). Hydrochloric acid is a remedy of great value in some of these cases; it is the natural acid of the stomach, and when given along with food considerably increases the digestive power of the stomach. Alkalies certainly neutralize the uric acid already in the blood, but they do not go to the root of the matter. The hydrochloric acid is not put forward as a specific to be used under all circumstances and in every stage of the disease. (Dr. J. F. Duncan.)

*The Hospitals of Russia.*

At the last meeting of the Kent Medico-Chirurgical Society, Dr. Carr, of Blackheath, narrated his personal observations on the hospitals of St. Petersburg, Cronstadt, and Moscow; including a sketch of medical education in that country. Dr. Peacock, of St. Thomas Hospital, supplemented Dr. Carr's remarks.

The hospitals generally are built on the corridor principle; are very large—one containing 3,500 beds,—have abundance of ward space, but are badly ventilated. The medical and surgical treatment was found to be in keeping with the accepted views at home; the diet generally being much lower than is given in England. Sleep or indulgence in bed appears to supply a considerable check upon the otherwise tendency to waste. The rate of mortality is high.

Russia being a military despotism, all the hospitals are under military authority, and supported by the State. Medical education is directed by the Government. A large number of students, after passing the Gymnasium, are provided for by the Government, each receiving, besides a free admission to lectures and hospital practice, thirty-five roubles per month. On completing their studies, which extend over from four to six years, they are obliged to enter the public service for a given number of years. This system of State medical education does not answer. The consequence is many Germans are found occupying posts in the army and navy.

Russia, unlike the rest of Europe, has no middle class. The upper classes are highly educated, and the lower are devoid of education, and, as a rule, are very intemperate. A misguided religious element is a great barrier to the spread of scientific medicine.

The remuneration of medical men is usually by an annual fee. There are several distinguished English medical practitioners in St. Petersburg, which has a population of 500,000. Sir James Wilie, Bart., established the chair of Medicine in St. Petersburg, in 1800, until which time there had been no medical education there.

At some future time we hope to give a more detailed report of this interesting paper.

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*Relative Proportion of Males and Females.*

A recent paper in the Boston Medical and Surgical Journal upon the relative proportion of males and females in population, shows, 1st, that in various European countries there is an excess of females as compared with the males, varying from two to nine per cent., and this disproportion is

still further increased in the cities, reaching in the cities of Sweden an excess of sixteen per cent. 2d, that the annual number of deaths is considerably less among females than males. 3d, that despite the much greater number of male than female children that die in utero or in birth, there is still an excess of males born alive, varying from five to nine per cent. 4th, the mortality during the first year is much greater for male children than for female. 5th, that statistics as far as they have been gathered go to prove the propositions that seniority of the husband produces more male children, equality of ages a slight preponderance of females, which is very materially augmented if the wife be the senior.—*Med. Gazette.*

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*Gratuitous Medical Services.*

“We are not convinced of the propriety of abolishing all unpaid medical labor in the service of real charity. Medicine cannot afford to lose the claim on society which its open-handed benevolence has given it. It must not quit its professional status and sink to the level of a trade. But we have no scruple in acknowledging that the profession have hitherto run to an opposite extreme. We do not require to be told that the indiscriminate system of unpaid professional work, now in vogue, has given a serious check to the prosperity of the private practitioner, and has damaged the independence and self-reliance of the lower, middle, and working classes. In fact, medical men are being brought not only to see, but to act upon this conviction. It is well known that there are not the same number of aspirants which there used to be for the privilege of attending three or four hours, twice or thrice a week, at a Dispensary, to prescribe for people who can afford to pay a moderate sum for advice and medicine.”—*Med. Times and Gazette.*

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*Death of Prof. Pirigoff.*

The death of this world-renowned surgeon took place a few days ago under extraordinary circumstances. Being at Odessa, Pirigoff was called in consultation to a patient near that city, and on his return was attacked by a gang of highwaymen. He killed two of them, while the others escaped, and he pursued his journey, feeling that he had narrowly escaped the danger of being murdered. But when he reached his house, Pirigoff was seized with symptoms of cerebral congestion, and he soon after expired from the effects of the murderous attack.—*Ibid.*



*Embalming.*

“ Profs. Chas. A. Seely and Chas. J. Eames, of New York city, have obtained a patent for the impregnation of dead bodies with carbolic acid, which is said to be superior to the old Egyptian method.

“ We apply the antiseptic liquid to the surface of the body, and also, when deemed advisable, we inject it into the stomach and intestinal canal. For the external application we take a solution of the acid in water, or other convenient solvent, and wash the body with it, by means of a sponge or cloth, and when the first washing has been finished, we repeat it one or more times ; or, when convenient, we immerse the body in a weak solution of the acid for a short time ; or we saturate cloths with a solution of the acid, and then wrap or wind the body in the cloths so saturated, and allow them to remain on the body. The body thus brought in contact with the liquid absorbs it by degrees, and the decomposition of the body is arrested or prevented.

“ We have found that in many cases, and especially in cold weather, the external application of the antiseptic is sufficient to prevent change within a few days. But when it is desirable to keep the body for a long time, we inject a small quantity of the antiseptic into the cavities of the chest and the abdomen. We make the injection by the use of a syringe, and at the natural external openings to the cavities. The amount of liquid to be injected should be at least a few ounces, and we find no objection to the use of such a quantity as will distend the cavities. In addition to the applications of the antiseptic, as above described, we sometimes find it useful to place cotton, wool, lint, or cloth, saturated with the acid, in the nostrils and in the ears.

“ Our process, when carried out, as above described, is entirely efficient for the preservation of a body during the ordinary interval between death and burial. But, when the process is used as an embalming process, or when there are no objections to making incisions into the body, we prefer to inject the acid into the arteries and veins, or in addition to the ordinary external and internal application of the acid, we inject some of the acid through an opening of the skull into the substance of the brain.

“ For a further security against decomposition of the body, and especially when the cloths saturated with the liquid are not kept permanently about the body, we place at the bottom or sides of the coffin, sheets of felt or cloth, or similar

fibrous material, which has been saturated or dampened with the antiseptic liquid.

"In combination with carbolic acid, we have used bisulphite of lime and bisulphite of soda, and a solution of sulphurous or acetic acid with advantage. But we are satisfied that carbolic acid is the most active and useful agent for our purpose, and that any addition to it is not essential to success. We have found the use of a mixture of carbolic acid with saw-dust, or other inert granular matter, often advisable in the bottom of the coffin.—*Scientific American*.

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#### *Carbolic Acid for Toothache.*

A correspondent of the *Lancet* thus testifies to the value of carbolic acid in odontalgia. "Among the many virtues of carbolic acid is that of giving relief from the pain of toothache. I have tried it in a great many cases, and with invariable success. To one drachm of collodium flexile (B. P. 1867) add two drachms of Calvert's carbolic acid, full strength. A gelatinous mass is precipitated. A small portion of this precipitate inserted into the cavity of an aching tooth gives immediate relief. It may be kept in the cavity by means of a bit of lint dipped in the collodium."—*Dental Cosmos*.

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#### *Phenic Acid.*

"M. Rust has made known a reaction by which phenic alcohol may be distinguished from the creasote separated from beech-wood tar. A mixture of ten parts of collodion and fifteen parts of phenic acid forms a gelatinous mass, while the creasote from beech-wood tar mixed with collodion gives a clear solution."—(*Chem. News*.)

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#### *Decoloration of Iodine.*

Dr. Baruch, of Camden, S. C., communicates the following to the *Medical Record*:

During some experiments on iodine, I recently discovered a fact to which I desire to call the attention of the profession. In the skin department of the Demilt Dispensary, Dr. Bluxome was (in 1865) in the habit of using tr. iodine, decolorized by liq. ammoniæ. But as this combination appeared so very

irritating as to cause children, to which it was applied for herpes, etc., to scream most violently, Dr. B. concluded to abandon its use rather than inflict unnecessary pain on his little patients. Recently (Nov. 1st), your journal contained a notice of the decolorizing property of carbolic acid on iodine, discovered by Dr. Percy Boulton. This 'carbonate of iodine' is highly praised in a letter to the *Journal des Connaissances Médicale* as an antiseptic and stimulant, and as such it is doubtless a valuable agent. But in some cases the carbolic acid might be contraindicated. I have ascertained that the hyposulphite of soda has the peculiar effect of depriving the iodine of its color, forming a perfectly limpid fluid, which does not form the purple iodide of starch on the linen, nor produce the yellow discoloration of the skin. The hyposulphite having no medicinal effect in the small quantity required for this purpose, the tr. iodine suffers no addition to nor detracton from its therapeutic properties. I make a saturated solution of the hyposulphite in water, and this is added in proportion of about one-sixth of the tr. iodine. The latter floats upon the former, but through agitation will produce a beautifully clear solution with the properties mentioned. The solution of the bisulphite answers the same purpose. If we desire to obtain the effect of the undiluted tr.iodine, we need only dissolve a few small crystals of the hyposulphite, or a little of the powder of the bisulphite, in the tincture, and complete decoloration will be the result."—*Med. Gazette*.

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## EDITORIAL.

The annual meeting of the Eclectic Medical Society of the State of Connecticut will be held in New Haven on the second Tuesday (12th) of May.

The annual meeting of the Eclectic Medical Society of the State of Ohio will be held at Cincinnati on Wednesday, the 27th of May, and continue in session two days.

The annual meeting of the Eclectic Medical Society of the State of Indiana will be held at Indianapolis on the first Tuesday (2d) of June.

The annual meeting of the Eclectic Medical Society of the State of Massachusetts will be held in Boston on the first Thursday (4th) of June.

The annual meeting of the Eclectic Medical Society of the State of Vermont will be held at Montpelier on the first Wednesday (3d) of June.

The annual meeting of the Eclectic Medical Society of the State of Maine will be held at Portland on the fourth Wednesday (24th) of June.

The semi-annual meeting of the Eclectic Medical Society of the State of New York will be held at Syracuse the fourth Wednesday and Thursday (24th and 25th) of June.

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## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

VACCINATION: ITS TESTED EFFECTS ON HEALTH, MORTALITY, AND POPULATION.—An essay, by CHARLES T. PEARCE, M.D., Member of the Royal College of Surgeons of England, Fellow of the Anthropological Society of London, &c., &c. Bailliere Brothers, New York. 1868.

THE character of this essay is fully set forth in its title. Dr. Pearce became deeply impressed with the importance of the subject fourteen years ago, by an accident alluded to in the essay, which accident made him skeptical of the value of vaccination. As medical referee to one of the largest and most prosperous life assurance corporations, he observed the apparent large mortality in vaccinated persons from what is commonly called "consumption," a great number being cut off in the flower of their age, while those belonging to the same families, having had small-pox, arrived at maturity. The very rare occurrence of phthisis in those who had small-pox, strengthened the idea which he had conceived, that vaccination, while it prevented small-pox, increased the danger to life when the subject was attacked by other diseases. The conclusion to which he came, from the data he collected, was that vaccination generally was inefficiently performed; further inquiry, however, convinced him that *vaccination is a crime against nature*, and ought not to be enforced.

It appears to Dr. Pearce that no subject in social science can be of deeper importance or wider interest than that to which the study of vaccination necessarily leads, viz., "the mortality of the United Kingdom," adding, that, notwithstanding the attention which has been given in the last ten years to sanitary questions, it is discouraging to find that the annual rate of mortality in England is increasing—the boasted saving of life claimed by vaccination is not apparent, though Dr. Simpson, of Edinburgh, recently stated that "Jenner's discovery had been the means of saving a number of lives *equal to the whole population of the United Kingdom every twenty-five years.*" The



author thinks, however, that Dr. Simpson should have substantiated his statement by an appeal to statistical fact; and asks if that eminent Scotch physician is prepared to adduce proof that in any country in Europe there has been a diminution of the general mortality as a consequence of vaccination. "So far from diminishing," he adds, "the mortality is increasing in proportion to the extension of vaccination. Frequently it happens, that when small-pox prevails, the general mortality is below the average, corrected for population."

The conclusion to which Dr. Pearce has arrived, after ten years' diligent investigation of the statistics and mutual relations of epidemic and endemic diseases, and after, also, more than twenty years' observation and experience of vaccination, is, *that vaccination is an evil*, a crime against nature, unclean in its source, dangerous in its practice, uncertain in its operation as a prophylactic, and, also, if persisted in and extended, will, proportionately, produce manifold dangers and evils to life and health.

That the insertion of an animal poison into the system of a healthy child is not justifiable. *As a means of cure*, when disease already exists, vaccination may be of some value, but even this, he avers, is doubtful. The author believes that if vaccination had been postponed until now, the necessity for it would not have arisen. That vaccination was an improvement on inoculation was admitted sixty years ago, although inoculation possessed some advantages which vaccination does not possess. The inoculated, as a rule, were protected for life. They were healthier during life, and their liability to scrofula or to consumption was diminished, while in the vaccinated this liability is increased. The chief, if not the only, advantage which Dr. Jenner's process possessed over inoculation, was that cow-pox was not infectious in the human subject, while those inoculated with small-pox became centres of infection, and spread the disease over the country.

The author now informs us that it is nearly seventy years since Jenner published his work, and what system do we possess? Jennerism? No; but something worse. In the doctor's opinion, we should begin *de novo*—follow Jenner's directions, beginning with the diseased horse, inoculate the cow, and therefrom vaccinate the people, if we wish effectual protection. Vaccination, as at present practised, is a mockery. Lymph taken from the cow has passed by transference from subject to subject possibly ten thousand times. It is introduced, and because its introduction is followed by the appearance of a vesicle at the seat of puncture, it is assumed that the child is protected from small-pox throughout its after life. Is it likely that at our national vaccine stations, where no fresh supply of lymph has been procured for twenty or thirty years, vaccination is efficiently performed? Would the painstaking inquirer and experimentalist, whose monument now stands in the Gloucester Cathedral, could he now appear on the scene, witness with satisfaction, and deem that his system is done justice to by the vaccination of the puling, sickly infants, offspring of the debauched, the diseased, of the ill-fed and ill-clad poor

of London, who are brought in crowds to the public vaccinator to receive a blessing, while too often, it may be, they are the recipients, unconscious and innocent as they are, instead of a blessing, of the seeds of disease and of premature death? Who shall say what are the contaminations of that lymph, itself originally the diseased product of the matter expelled from the system of a beast, and rendered filthier still by oft-repeated transfers? "Vaccination" is performed, and what is the result? Do we get back from the subject the lymph which we have deposited? No. We obtain in exchange for that we have introduced, the product of that subject; it may be healthier than that which we gave, and it may be that some taint—of scrofula, syphilis, or cancer, or one of the thousand other modifications of disease—is associated with it, the lymph, like the seed of the tree, partaking of the qualities of the body whence it exudes. "Whose seed is in itself, bearing fruit after its kind."

The author of this essay has, during many years' observation, often been forcibly struck with the different susceptibilities to small-pox in different individuals, even when members of the same family. In one family of seven brothers and sisters, living in one house, *all unvaccinated*, only one of them had small-pox, two others had slight fever, and the rest escaped even that. The doctor adds, had those six persons been vaccinated, their escape would have been attributed to their vaccination. That the blood does undergo a change at one period of life, there can be no doubt, and this change is not peculiar to man. Domestic animals are liable to eruptive diseases, which are efforts of nature to throw off through the skin some morbid matter, the result of decomposition or a fermentation of the blood. It is believed by some veterinary authorities that the disease in the horse's heel called "*grease*" corresponds to phthisis in the human subject. If this be true, how serious is the thought of the bare possibility of inoculating children with phthisis; and how fully does this account for the great and alarming increase of phthisis in those countries where inoculation has been enforced. It is a remarkable fact that Jenner's first child, his eldest son, on whom he experimented, died of consumption. Another of his subjects, Phipps, whom Jenner vaccinated, also died of consumption!

After having, as he thinks, adduced the highest medical testimony of the day that they either denounce the theory and practice of vaccination, or declined to give their assent, Dr. Pearce proceeds to the consideration of the proposition: "The dangers of vaccination from the introduction of other diseases into the organism, and the extent to which the value of vaccination is reduced by such dangers."

The dangers of vaccination are thus classified:

1. Danger to life: *a.* Immediate; *b.* remote.
2. Danger to health: *a.* By the introduction into the system of other diseases; *b.* by inducing a change in the skin or the surface of the body, which changes its vital action, and so hinders the system from throwing out morbid matters from the blood.
3. The greater liability to death from other diseases than small-pox, in the vaccinated.

4. The transmission from parent to offspring of an enfeebled constitution, the result of vaccination.

The author has collected a large number of cases, the accounts of which he has extracted from the Registrar-General's reports, and from the medical journals in which "death following vaccination" is recorded. "It is our duty," said the report of the first vaccine institution, "to acknowledge that four or five cases have proved fatal from the affection of the part vaccinated." The lamented death of the late Sir Culling Eardley, in 1863, was due to re-vaccination. In 1859-60 several soldiers in Shorecliffe Camp were fatally affected by re-vaccination, one poor soldier escaping death by the amputation of his arm, which was done at his earnest entreaties. A few years since attempts were made to re-vaccinate the French army. The cavalry at Toulouse were thrown into hospital by the process to such an extent that, by order of the Emperor, re-vaccination was suspended. Dr. Pearce quotes other testimony, and proceeds to observe that Professor Bartlett, lecturer on the theory and practice of medicine in the University of New York, quoted, in his remarks on the causes of pulmonary consumption (in the session of 1850-51), on the authority of two French writers, Bartlez and Rhilliet, the following facts in regard to vaccination: "In 208 children who had been vaccinated, 138 died of tubercular consumption, and 70 of other maladies; in 95 who were not vaccinated, 30 only died of tubercular consumption, and 65 of other diseases."

The *Lancet* (Nov. 16th, 1861) contained an account of deaths caused by syphilitic inoculation with vaccine lymph. Thirty children were vaccinated from a little girl, six punctures made on each arm, and the little girl had been operated on from another child, who had been vaccinated with lymph preserved between two plates of glass, which had been obtained from the medical authorities. All these children were inoculated with syphilis. This was in 1866. And in the *Lancet* of Nov. 16, 1861, there was an account of the inoculation of forty-six children with the same disease, conveyed by means of vaccination.

The author, having shown how danger to life is incurred by vaccination, immediately or remotely, and that danger to health is often incurred by the introduction into the system of the germs of other diseases with the vaccine lymph, passes on to consider the effects of vaccination in inducing a change in the functions of the skin, observing: "The microscope has been the means of revealing to physiologists the structure and functions of the tissues and materials of which the skin is composed. An ordinarily sized man possesses twenty-eight miles of tubing in his skin, through which a constant exudation is taking place, an interchange between the atmosphere and the contained structures. Let these millions of pores be closed by disease, or let the skin be coated with varnish, and the man will soon perish. Let fever attack him, and the action of the skin be arrested, death will speedily ensue if the action of the skin be not restored. What change is produced by vaccination? There can be no doubt that some artificial change



has been produced, and so long as it is maintained the patient is in an abnormal condition. It may be, therefore, a blessing that the influence of vaccination dies out in a few years." The celebrated John Hunter said, that "every animal may be said to have natural tendencies to morbid actions, which may be considered as predisposing causes, and these may be called into action whenever the exciting cause takes place. If, then, says Dr. Pearce, the function of the skin be to give exit to morbid matters from the body, how important it is that this function should not be interfered with by artificial means. That vaccination does interfere with the natural action of the skin, may be inferred from the fact that erysipelas and other acute and chronic skin diseases frequently supervene. And it is not improbable that when vaccination prevents the development of the small-pox, the *materies morbi* is changed, so that instead of the body being relieved, by and through the skin, of morbid matters, deposits are thrown down on internal organs, and the development of phthisis at puberty, or even earlier, may be produced and accounted for in this manner. This hypothesis will account for the terrible increase of the mortality from chest diseases in the thirty years last past. In the years 1838 to 1842, both inclusive, the average annual mortality from phthisis and bronchitis was, in round numbers, 61,000. In the five years, 1847-51, it amounted to 65,750. In the five years, 1852-56, to 69,250. In the five years, 1857-61, to 79,530. And in the five years, 1861-65, to 86,336.

The author is indebted to Dr. Farr for the following statistics of the proportion of deaths to 1,000,000 persons living in the year 1865 in England:—

|                             |        |
|-----------------------------|--------|
| Small-pox,                  | 309    |
| Measles,                    | 412    |
| Scarlatina and diphtheria,  | 1,052  |
| Whooping-cough,             | 416    |
| Typhus and infantile fever, | 1,109  |
| Phthisis,                   | 2,587  |
| Bronchitis,                 | 1,754  |
| Pneumonia,                  | 1,083  |
| Convulsions,                | 1,287  |
|                             | <hr/>  |
| All causes,                 | 23,387 |

In the year 1865 the highest mortality in England was due to phthisis, bronchitis being next in order. The mortality from chest diseases—including phthisis, bronchitis, pneumonia, and whooping-cough—amounted to the proportion of 5,840, for one million persons living, the mortality from all causes being in the proportion of 1 in 42 $\frac{3}{4}$ .



## NEWS AND MISCELLANY.

## ECLECTIC MEDICAL SOCIETY OF THE CITY OF NEW YORK.

THIS Society met April 15th, at its room in the College building. The chair was occupied by Dr. Garvin.

In accordance with a resolution at the previous meeting, that some portion of each regular meeting should be devoted to the discussion of the concentrated powders, the properties of aconitin, ampelopsin, and alnuin were brought up.

Dr. Allen remarked that his experience of the three under consideration had been limited. He thought that the introduction of aconitin was inadvisable, as it was apt to be confounded with aconitina, an established form of preparation, and it thus might be productive of unpleasant and even dangerous results. Prof. Hadley said the profession had not sufficiently recognized the value of ampelopsin. As a tonic and alterative, it was an important agent. It was applicable in all cachectic conditions, and especially in scrofulous affections. Of the concentrated preparation, ampelopsin, he was not able to speak so positively from experience, as he had rarely used that form of the remedy.

Prof. Edwin Freeman remarked that the objection made by Dr. Allen to aconitin would apply with equal force to other preparations. It was true we could get along without it; but the question should not be, what can we do without? but how can we do best?

With the internal use of aconitina he had no practical acquaintance. He used it externally with powerful effect, but he employed other forms for internal use.

This preparation did not have precisely the same effects as the root. He thought if a powder possessing these properties, and made according to a definite formula, could be prepared, having a definite strength, he would not hesitate to accept and use it. Although the tincture was convenient, he would be glad to have such a remedy in the powdered form.

In the concentrated preparations we did not always extract all the virtues of the plant.

The resin podophyllin was much more drastic than podophyllum, and it is so with others. Aconitina was a powerful sedative when used externally, but it may be doubted if its internal use is desirable. It would be very unsafe to write a prescription for it to be taken internally, as it was sometimes the practice of druggists to substitute other preparations when they did not have the one ordered. If used at all, he would, therefore, carry it in his pocket-case.

He had known mischief where gelseminum had been ordered, in consequence of different preparations being used, as the fluid extract for the tincture, &c.

Prof. P. W. Allen stated that it was impossible to keep some of the concentrated powders without having them spoil, and such prep-

arations ought to be discarded. Although he always kept the bottles tightly corked, a quantity of powder he had procured a short time ago became in a few days like tar, and all that was not used very soon after its purchase was lost.

This result might come from an imperfect mode of preparation or because the alcohol used in extracting the medicinal quality was not sufficiently strong, as was stated to be the case when leptandrin became softened.

Alnuin would probably be found of limited application. It might be valuable in a few cases of gastritis, &c. Ampelopsin was worthy of more extended trial as an alterative.

Dr. Garvin said he had used aconitina in some obstinate cases of gout, and had found very good results. He triturated it highly; aconitina gr. i., sugar of milk gr. xv.-xx., and gave  $\frac{1}{2}$  to 1 gr. of the combination as a dose. It had marked effect in allaying irritation and relieving pain. He had also used it in fever and neuralgia, but it had no advantages over the tincture in these cases.

He had only used ampelopsis in its crude form, and its effects were very similar to those of *sarracenia purpurea*.

The latter plant has acquired a peculiar reputation as an antidote to small-pox, but this was not verified in his experience. Having had charge of a small-pox hospital four years, he used it invariably in over 100 cases, but never saw one in which it proved to be an antidote to small-pox. It was, however, one of the finest uterine tonics known. Where the action of the organ requires to be developed, it has no equal.

Ampelopsis ranks highly as an alterative in scrofula. Alnuin is useful in hepatic disease, and particularly where there is hepatic derangement in phthisis. Combined with a small quantity of podophyllin,  $\frac{1}{3}$ , and lupulin  $\frac{1}{4}$ , and fraserin, it is excellent for regulating the glandular system in phthisis.

It is unreasonable to suppose that pulmonary phthisis can exist without some serious difficulty in the glandular system, particularly the liver. It is also a useful addition to the compound alterative syrups, as *stillingia* or *sarsaparilla*.

Prof. Edwin Freeman read an essay on Ague. In the treatment of this affection he used gelsemium and veratrum in full doses. In giving antiperiodics, he administered them to the extent of crowding them in the intermission, and not ceasing when the fever came on. He had never found anything better than the following:  $\mathcal{R}$  quiniæ sulph., gr. iss.; prussiate iron, gr. i.; pulv. capiscum, gr.  $\frac{1}{4}$ . Made into a pill and repeated every two or three hours, doubling the dose just before the time for the chill to return. This he gave in both dumb and masked ague. Other complications had to be treated, but speedily yielded when the chill was broken. Gelsemium in pretty full doses should be given every four or five hours.

A good preparation for children is quinine, gr. xij.; tr. gelseminum, 3 ij.; syr. simpl.,  $\mathfrak{z}$  i.; with or without spirits nitre, 3 ij. Concein is valuable, but acts more efficiently in combination with

quinine. Subsequently other remedies will be beneficial, as cerasin, macrotin, prussin, tannin, &c.

Dr. D. E. Smith said that periodical headache was very common in Brooklyn. It usually commences about 10 A.M. with great violence, increases in intensity to 2 P.M. and then begins to recede. He uses quinine and prussiate iron in equal parts. These remedies have to be used sometimes in large doses, but always control it.

There is a sort of ague in phthisis coming on with cold, crawling sensations in the back, followed by fever and sweating, which is probably caused by the absorption of tuberculous matter into the system. Quinine has little or no effect upon this condition. The best remedy is perhaps spirits turpentine, gtt. x. on loaf sugar. This will break it up for ten days or two weeks, when it will return again. It is frequently accompanied with hepatic derangement and will continue unless the liver is thoroughly roused to action.

Dr. Hyler had used a great variety of remedies. When the fever passed off he usually prescribed,  $\mathcal{R}$  quinine, 3 ss.; Jamaica ginger, 3 ss. M. Div. in pulv. iv., and gave them so that three or four were taken before the expected return. During the fever, liq. ammon. acetatis, spirits of nitre and syrup of ipecac every two hours, till profuse perspiration comes on. Dover's powders were seldom necessary, but he sometimes used them. After the chill was broken, quinine, gr. xx.; capsic., gr. xx., in xx. pulv. One three times a day; it is not likely to return. When there is a recurrence of nervous pain and exhaustion,  $\mathcal{R}$  quinine, gr. xxij.; acid sulph. dil., 3 i.; tr. nucis vomicæ, 3 i.; syr. rhei arom.,  $\mathfrak{z}$  ss.; aqua,  $\mathfrak{z}$  iss.; tincture cinchon.,  $\mathfrak{z}$  ss., or tr. gent.,  $\mathfrak{z}$  ss. to  $\mathfrak{z}$  i., may be used with water enough to make a  $\mathfrak{z}$  ij. mixt. Dose, a large teaspoonful three times a day. If the ginger is not strong it will not be of service, and should be substituted by capsicum.

Dr. Tuthill stated that he always used large doses of quinine. He generally prescribes as follows:  $\mathcal{R}$  quiniæ, gr. xiv.; zingiberi, gr. vj.; capsici, gr. ij. Mix, and give at one dose twelve hours before anticipated chill. This invariably breaks the chill, and is followed by vegetable tonics. Lately he has given it in two doses at sixteen and six hours before expected chill.

Dr. Hyler had been very successful with a tea of  $\mathfrak{z}$  ss. wormwood to a pint of water.

Dr. D. E. Smith said strong hop tea would immediately break the chill, if given in large dose.

Prof. Allen said that having observed many years ago in making post-mortems of negroes, while a professor at the South, that congestion of the liver was constant, he devised a plan of treatment by which he cured the most obstinate cases.

He regarded the liver as the organ essentially affected in ague, and always used means to overcome the congestion of that organ. His usual combination was quinine, gr. i., capsicum, gr. i., podophyllin, gr. ss., in pill, every hour, commencing five or six hours before the expected chill.



The quinine seems to be diffused through the system. The great fault has been in giving this remedy without cathartics.

Dr. Garvin had not found large doses beneficial. He sometimes began with,  $\mathcal{R}$  quinine, gr. 30; ac. sulph. arom., 3 ss.; aquæ,  $\mathfrak{z}$  viij., in teaspoonful doses, sometimes adding tr. nux vom., and sometimes capsicum.

The first day he gave this every two hours, whether chill came on or not. In extreme cases he first regulates the liver. In most cases the chill will not return. The acid has a marked effect. It is the means of holding the quinine in the system and assists materially in neutralizing the poison, which seems to be of an alkaline nature.

After following up the plan for twenty-four hours, the next day he gave it every three hours, then every four or five hours, then only at night, and so on.

On motion the Society adjourned.

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#### ABSTRACT OF THE PROCEEDINGS OF THE BROOKLYN ACADEMY OF ECLECTIC MEDICINE.

THE regular monthly meeting of the Academy of Eclectic Medicine of Brooklyn was held April 1st.

Prof. W. W. Hadley, president, in the chair.

Dr. H. S. Firth presented an essay on Psoriasis, containing much practical information, which was received with great favor.

An interesting discussion followed, in which several members interchanged the results of their experience.

Dr. H. E. Firth expressed the opinion that this disease was, in many instances, the result of a constitutional diathesis, which existed in certain families, under which circumstances it became extremely stubborn. After being apparently cured, so that every symptom disappeared for a time, it would in the course of a year or two be re-developed.

In some cases he had been obliged to continue the use of medicine for several months together.

He had depended more upon stillingia and iodide of potassium in conjunction with local treatment and baths, where the disease was general. If locally exhibited it was readily controlled.

Dr. D. E. Smith said his experience was similar to that of Dr. Firth. He had never found a remedy to control it equal to the iodide of potassium, which, in this disease, he gave in large doses. External applications, according to his observation, produced no good result, with the exception of carbolic acid. He has used this remedy while administering alterative syrup internally, and although it caused pretty severe pain, the result has been excellent. Under this treatment the scabs would come off, leaving healthy granulations.

Since the close of the war, many of the soldiers who returned were affected with itch, and his experience in the treatment of this disease has been very extensive. He uses



3 parts Unslaked Lime.  
5 " Sulphur,  
20 " Boiling Water.

After having been boiled up and allowed to settle, the clear liquor is decanted off. This is applied with a brush after the parts have been washed with soap and water, and well rubbed off. He usually applies it about three times, and never has occasion to use it more frequently. The only objection to it is its unpleasant smell. He also employs sometimes an ointment of

Iodide Sulphur, 3 ss.; Simple Cerate, ʒ i.

In Salt Rheum he has never found any application to do much good except carbolie acid. He uses saturated solution of crystals, applied with camel's-hair brush. This smarts a good deal for about three minutes.

Dr. H. E. Firth: An ointment made of carbolie acid, 20 to 30 gtt. to 2 oz. simple cerate is a very good application in Salt Rheum, and allays the irritation. It is also a very excellent ointment in itch, and has produced good results.

The same remedy may be employed as a lotion in Scabies, and will effect a cure.

This remedy has been recommended for Burns, in the proportion of 1 part to 6; but this application, in a recent case which came to his knowledge, proved too severe for the patient's endurance.

Dr. H. S. Firth made an eloquent allusion to the superiority of the remedies introduced by the Eclectic School of Medicine. He urged more industry in the examination and development of these remedies.

Dr. W. B. Warner stated that he knew a family in Fitchburg, Mass., who were affected with Salt Rheum, who were cured by the employment, externally and internally, of a strong decoction of sweet fern.

Dr. E. Freeman found the syrup of iodide of iron acted well in cases of children affected with Psoriasis.

Dr. Smith has found the alternation of remedies preferable to the continuous use of a single article. Where he has failed in removing lumps from breast with iod. pot., has been successful with iod. ferri. In other cases the latter has failed and the former succeeded. He has taken

Iod. Iron, 3 ss. in Syrup.

Dr. Freeman remarked that he found it better to give iodide of potassium in combination with vegetable alteratives, and has found it less efficient alone, while the alteratives are less efficient without iod. pot. In some cases he finds small doses preferable; in others he employs large doses. Iodide of iron he always uses in the form of syrup, and when it is given he leaves off other alteratives awhile. It acts well in scaly diseases, and especially in Salt Rheum. He is in-

clined to regard the condition of the system in which the diseases occur as a modification of that which results in the development of tubercle. Defective blood plasma will be deposited in one case in the lungs, which in the other may find its escape from the surface, thus saving other parts. If the condition of the patient be modified a cure may be effected, but if the disease of the skin is driven inward a deposit may take place upon some important organ and result seriously.

He does not know any local remedy which is capable of being used for all cases.

He uses oxalic acid in scald-head. He also uses tinct. iron locally in the proportion of 3 ss. or 3 i. to  $\frac{5}{8}$  i. He makes but one application, then applies slippery elm poultice. Sometimes he employs 20 gtt. with 3 ij. glycerine.

Dr. H. S. Firth recommended the following for Pruritus:

Lobelia, 3 ij.,  
Tannic Acid, gr. xx.,  
Opium, 3 ss.,  
Aqua, q. s. to make decoct.  $\frac{5}{8}$  vj.

Dr. H. E. Firth reported two interesting cases, showing the effect of the mind over the body in disease.

Dr. P. W. Allen related an extraordinary case of periodical hemorrhage from eyes, ears, and nose, attended with great pain, which lasted from ten to twenty minutes.

After some further remarks from different members, the Society adjourned.

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#### THE POWER OF PREJUDICE.

THERE is a well-known London physician who has the greatest possible antagonism to smoking. He is medical referee to two life insurance offices, and a gentleman who applied to him for inspection a little while ago came away greatly depressed because his "life" had been rejected. The matter was a serious one, inasmuch as the applicant was a professional man, with a large income, that would die with him, and he was the father of a numerous family. He made known his grief to a medical friend, who thoroughly examined him, and declared him to be as sound as a bell. "Whom did you see?" said the friend. "Dr. —," replied the applicant. "Oh, I see, and he asked you whether you smoked?" "Yes." "Well, Dr. — is referee for another office; apply to be insured there; Dr. — never recognises faces; he won't know you; and when he asks you if you smoke, you needn't tell a fib, but you can put him off in some way." The applicant appeared a second time before Dr. —, who did not in the least recognise him. At the end of the examination Dr. — said, "Do you smoke?" "It's a filthy, disgusting habit," replied the applicant. "I have great pleasure in recommending you as a

perfectly sound and healthy life," said Dr. ——— to the applicant, whom a fortnight ago he had refused to pass.

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#### CHAMPAGNE FROM PETROLEUM.

It is no longer a secret of the chemist's laboratory that clear golden syrups can be made from starch and sulphuric acid; that delicious wines and brandies can be made from beetroot; that a barrel of peanuts can be transformed into excellent coffee; that lard can absorb an enormous quantity of water in certain conditions; that, in fact, there seems no limit to the adulterations that an intelligent and dishonest chemist can practise upon his fellow men. All these marvels of chemical science have in these latter days become degraded into mere tricks of trade, and their chief beauty is in their capacity to enable unscrupulous dealers to lighten the pockets and destroy the stomachs of the confiding and consuming public. Concerning the article of champagne, a writer in the "Cincinnati Journal of Commerce" tells us that it is made from a thousand different substances, even from refined petroleum. Yes, from the fiery benzole a sparkling, bubbling, foaming champagne can be produced which will delight the eye, tickle the palate, gladden the heart momentarily—but quicken our paces toward the graveyard. This is a new use for petroleum, which those who have been experimenting with it as an agency for generating steam have little dreamed of. Who can say that the Pennsylvania oil territory, now considered mostly worthless, may not some day be regenerated into the greatest champagne producing country of the world?—*British Medical Journal*.

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#### PETRIFICATION OF A HUMAN BODY.

A FEW days since Mr. Edwin H. King, an undertaker, took up the body of the late Wm. B. Talley, buried in the old Foundry burial-ground, and reinterred it in the Congressional Cemetery. The body had been interred in low ground, and the grave was half full of water. Notwithstanding it has been sixteen years since the interment was made, the pine case and mahogany coffin were found in a perfect state of preservation. Some curiosity being expressed as to the state of the body, the coffin was opened. The body and shroud were found to be in a perfect state of preservation. On further examination the body was found to have almost the hardness and consistency of stone, showing that petrification was rapidly going on.—*Nat. Intelligencer*.

An instance similar to the above occurred many years ago, in the case of Judge Fuller, father-in-law of General Hull, who died in Newton about the year 1790, and was buried in a tomb of the old burying-ground on the road from Newton Corner to Newton Centre. Judge Fuller was a prominent actor in the scenes of the Revolution, and was highly esteemed. When it was examined, during the early

part of the present century, the body had not decayed, but had become petrified, assuming the color of bacon. Many flocked from all parts of the country, and some even from England.

It remained in this stony state when last seen, about a dozen years since, by one of the present officers of the town. The public exhibition of the body, however, was stopped by the heirs a quarter of a century ago, in consequence of some visitor having despoiled the body by breaking off a portion of the nose. Since then, it is stated the body has been removed to another burial-ground. The body of General Hull remains, however, in this tomb, with a stone above, inscribed simply with his name and the additional fact that he was an officer of the Revolutionary war. By his side are the remains of his faithful black servant, who followed him through all his wars, survived him several years, and died in Newton not a great many years ago, at the advanced age of nearly one hundred years.

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#### CONDITION OF THE TONGUE IN ALCOHOLISM.

IN an article on Alcoholism, in the recently published volume of "Reynold's System of Medicine," it is distinctly stated that "the tongue" in chronic alcoholism "may be in nearly any state, from perfect cleanness and moisture, to dry, red glaziness, or thick yellow furring." And on the other hand, it is notorious that among dyspeptics of various grades, who have never been the least intemperate in drink, all the above varieties of altered tongue may be found. It is remarkable that Mr. Nunneley, while basing such a hazardous diagnosis on the state of a man's tongue, should have mentioned nothing about the breath. For although the tongue is never an infallible guide, there really is a peculiar but indescribable smell of the breath, which, if present, we believe is unmistakable evidence of the existence of regular drinking habits; and which is rarely absent when intemperance has been so long continued as seriously to affect the constitution.—*The Lancet*.

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#### WHAT IS SYPHILIZATION?

M. LANGLEBERT gives the following aphoristic reply to this query: "Syphilization is the art of giving syphilis to those who have not got it, to recall it in those who no longer have it, and to eternize it in those who have it."—*Presse Belge*.

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MEDICAL DEBTS.—The "France Medicale" says that a banker in Saxony has opened a branch in which medical men are invited to send accounts against their patients. The banker takes charge of the bills, and is content with 5 per cent. discount.

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A CASE of Cæsarean operation is recorded in a recent number of the *Alloa Advertiser*. The mother had been dead twenty minutes before the child, which is living, was extracted.



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AND

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ORIGINAL COMMUNICATIONS.

Commencement of the Third Session of the Eclectic Medical College  
of the City of New York.

THE commencement exercises of the spring session of this institution were held at the college building on 26th Street on Monday afternoon, May 11th, 1868. The lecture room was crowded to its utmost capacity, by an intelligent and appreciative audience. The report of the session just closed was read by the secretary of the faculty, Prof. Paul W. Allen.

REPORT OF THE SESSION.

The Third Session of the Eclectic Medical College of the City of New York now holds its commencement exercises. We graduate, to-day, eight physicians and surgeons; confer the *ad eundem* degree upon six; and bestow the honorary degree upon three. Our class has been comparatively small, but it has been as large as there was reason to expect. We feel justified in saying that in close application to their studies, and in interest in their profession, no class have ever excelled this. Each department of instruction has received their careful and faithful attention, and we

are entirely confident that they will well represent our college in the several cities and towns in which they may be located, with honor and credit.

In addition to the previous departments of instruction, the class have enjoyed a series of lectures on Practical Pharmacy, and another on Uroscopy from Dr. James Day. Of the quality of these lectures it may not be modest for us to speak, but we think the class appreciate them duly; and the essential and practical value of instructions on these subjects must be apparent to every medical man. We regard the introduction of these two departments of instruction, not usually enjoyed in most medical colleges, as a permanent feature of our instruction which must commend itself to both physicians and students throughout the country.

Among those who received the *ad eundem* degree, are three who have graduated at homœopathic medical colleges, but whose subsequent investigations in reference to the principles of eclecticism, and the success of our practice, has induced them to adopt our remedies and identify themselves in interest, in heart, and in professional labor, with the eclectic practice of medicine. The faculty of this college have recently become aware of the fact that there is a disposition extensively manifesting itself in the homœopathic fraternity throughout the country, to investigate the eclectic remedies. We recognize this fact with much interest. It is the honest and impartial endeavor of this faculty to duly ascertain and acknowledge the relative claims of every medicinal agent in the allopathic and homœopathic schools; and the great number and intrinsic excellence and efficacy of the remedies discovered and used by eclectics should attract the honest and earnest attention of every physician; and this institution expects, year after year, that both allopaths and homœopaths will, as they have done, seek the instructions of a practice which, in its remedies and its remedial processes, is so liberal, so philosophical, and so successful.

We feel to *congratulate* those who are to-day to receive the degree of doctor of medicine, not only because of their at-

tainments, but also because of the *demand* for eclectic physicians. The public sentiment of the whole country is being indoctrinated and impressed with eclecticism, and in almost any city or populous town, well-qualified physicians can at once command patronage, success, and honor. Eclectic surgeons, as well as physicians, are specially sought, and many cities cannot yet be supplied where there is an earnest desire for them. Inviting fields are all ready for more young men than we have the opportunity to educate as eclectic surgeons.

The faculty are happy to know that initiative steps have already been taken to form an alumni association, for the past, present, and future graduates of this college. The formation of this association will be perfected this evening, and we look to the influence of this fraternity as a powerful and widespread one in favor of the college. We appreciate the formation of the Alumni Association of the Eclectic Medical College of the City of New York as the brightest evidence that the present class appreciate our instructions, are thoroughly interested in this great educational enterprise, and dedicate themselves, by a life-long pledge, to the enlarging and strengthening of their Alma Mater.

May they live to enjoy many fraternal reunions in which they shall mingle their friendships and sympathies, and recount the experiences of the varied pathways of their professional life, and bring together the facts they learn, to be distributed in essays, conversations and addresses, among their own members, thereby strengthening themselves, and enlarging their usefulness in that nobler profession, of which Carlyle says: "The profession of the human healer being radically a sacred one, and connected with the highest priest-hoods, or, rather, being in itself the outcome and acme of all priest-hoods and divinest conquests here below."

Dr. Alexander Wilder, the President of the Board of Trustees, then conferred the degree of Doctor of Medicine upon the following graduates:

E. B. ANDREWS,

GEORGE BATTELSEN,

JAMES E. DANELSON,

JNO. H. FITCH,

M. C. BELKNAP,  
DENNIS CALLAHAN,

WM. GEDDES,  
R. E. KUNZE.

The *Ad Eundem* Degree of Doctor of Medicine was conferred on

WM. H. BOWLSBY,  
J. M. F. BROWNE,  
J. H. GUNNING,

C. T. HAMILTON,  
EDWARD P. HUYLER,  
JOHN JAMIESON.

The Honorary Degree of Doctor of Medicine was conferred on

E. FISHBLATT,  
E. O. PLUMBE,

L. STANTON,  
JOHN SKELTON,

C. S. TOTMAN.

The address in behalf of the graduating class was made by J. E. Danelson, M.D., from which we make the following extracts:

LADIES AND GENTLEMEN:

Perhaps at no time in the history of medicine has there been more thorough research, more zealous investigation, than there is at the present time. The desire to elicit facts that will not only guide or avert disease, but will anticipate, thwart, or destroy it, has awakened a most commendable effort in every part of Europe and the United States. There are limits in all sciences beyond which man cannot go. In medicine, we can safely say that such a goal has not been reached, and the scientific have pressing invitations to concentrate their labors in this direction, for there is every promise of rich rewards. Even at the present time man is unfolded to the physician's gaze. The sphygmograph, applied to the artery, will picture before him the force, character, and extent of the pulse. The ophthalmoscope unveils the inmost recesses of the eye, and will detect the most minute variation in that sensitive organ. The stethoscope leads you to the engine-room and laboratory of the system. It listens to the blowing of the great bellows, the lungs, and with adept ear catches the faintest deviation in its move-



ment, or in that of the great locomotive engine itself, the heart. Indeed, in the instrumental department of medicine, there is a degree of perfection that is at once equally surprising and practical. Judging from the past quarter of a century, what may we not expect in the future?

Pathology, which exposes the warfare of the destroyer, disease, shows his weapons, his points of attack, and his manner of combat, has almost passed beyond the limit of improvement or change. Page upon page and plate upon plate define and depict it with the greatest accuracy. Like astronomy, which by the aid of the telescope discovered new worlds and brought our solar system under the most exact mathematical computation, so that we may tell of positions, phases and eclipses a century hence; so pathology, by the powerful and valuable assistance of the microscope, has disclosed the actions and functions of the tissues of the body, the constituents of the fluids, and brought to our observation atoms even the twelve thousandth of an inch in diameter. Let us turn our attention for a moment to the *Materia Medica*. Granting the disease, with what shall we cure it, is a question of every day occurrence, and I may add, of vital importance. I am happy to say that our school of medicine has shown itself preëminent in this grand field of usefulness. Hundreds of new agents have been placed in the category of remedies. Seeking among the "leaves for the healing of all nations," in the mineral and animal kingdoms (it matters little whence the source), we are "proving all things and holding fast to that which is good." Of our success thousands of relieved sufferers and restored invalids present grateful acknowledgments. A critical and impartial posterity will ascribe honors and laudation.

In fairness we must say, that not only our own school, but all schools of medicine are advancing, and the nineteenth century is the dawn of a golden era in the healing art. The average of mortality is less, and this is encouraging alike to the physician and patient. In the midst of all, eclecticism, yet in its infancy, but with the hope and anima-

tion of manhood, has raised its young arm and vies with its powerful competitors to take the foremost rank in scientific achievement. Contrary to the path of the star of empire, it is moving eastward, already lines the shores of the Atlantic, and its voice is being heard on the eastern hemisphere. In the west, surrounded by many obstacles and embarrassments, it has raised its head, has erected its college, has graduated its hundreds of physicians, some of whom are to day in positions of respect and command, quite beyond the pale of impeachment. So in this very city, our school of medicine must hold its position, must be preëminent, as we believe it should be. But before such a happy result, work and labor are inevitable,—work vast and difficult,—labor that requires persistent action, united effort and untiring energy. Our board of trustees are in earnest in the management and establishment of this Institution, and I trust that their endeavors will not be unsuccessful. The College is undoubtedly the hope of the profession, and its nerve will give health and vigor to the principles of eclecticicism. Reform in art or science, as it encroaches on the usages of the past or present, will always meet with opposition, or it may be, oppression. Such is the record of history when we refer to the illustrious discoveries and reformations of Galileo, Harvey, Jenner, and many others I might mention. But we fear not the issue, as an appreciative people sit in judgment and the verdict be given to the world at large. Gentlemen of the Faculty, the students before you who have received your honors on this occasion, have made a move in the right direction. An alumni is formed, the object of which is to give both moral and material aid to the Eclectic Medical College of the city of New York.

A few words in regard to the position of the young physician. In most cases he is not fairly recognized. I claim that he should have a fair footing and in some respects equal advantages with the older practitioner. The public put stress upon experience (if not upon age, which I am rather inclined to think), and justly too. Here is the young man fresh from his books, his lectures and clinical demonstrations, his discus-

sions, and I may say his hourly consultations with his professors for months, and lastly his examinations. The diploma is evidence of his proficiency. But you remark that the practitioner has passed through the same. Very true, but time in a measure has moss-grown his memory and mantled his sagacity. Again he has witnessed more diseases and in greater variety than could his senior, except when actually connected with the hospital. He has watched with the critic's eye not only the older methods of treatment but also the latest and most improved that research, experiment, and the advancement in science could suggest. In practice he is more charitably disposed, more deeply interested, appreciates fully his responsibility, and will watch narrowly the varying symptoms in the disease, while the elder in some cases will not take the requisite interest in the minor complaint until it has assumed the more grievous character. There are exceptions, of course, in the young and old, but it is in the above light that I would present the young physician to your consideration.

Mr. President and Gentlemen of the Faculty : In severing the ties of instructor and student, we do not put asunder those stronger bonds of friendship and esteem. Like the deep blue dancing the starbeam and reflecting the bright orb in its bosom, so the principles you have inculcated we will wear as our brightest ornaments while within is cherished the memory of your personal kindness and your perseverance, not only in our instruction but in upholding the cause of free and liberal medicine. But another word—farewell.

Fellow Students : Parting, at best, is unpleasant ; but parting perhaps for a lifetime is sad. An almost daily uninterrupted companionship for eight months brings us to the eve of such an event. We are as the scudding regatta, their white wings spread to the favoring wind, their restless heads tossing on the uneasy waters, joined in the common strife. The race has been exciting, the contest sharp, and ere the shades of night shall wrap us in its silence we would pause and strain the eye to catch the last glimpse of the friendly sail. By your choice it is my privilege to give the word of

encouragement that shall cheer on to the morning's sun, and the last word of caution and advice that may direct the way. First, then, appreciate fully your responsibility. Your life will be a life of study. The culture you have here received is but a beginning of that education that should not rest short of full intellectual attainment. There is no branch of science amiss to the physician. Confirm your diagnosis, and treat with reason and determination, for you have facing you the danger of mistake. "*Facilis descensus, sed revocare, hic opus est.*"—It is easy to stray, but to return, there is the burden. Be conversant with physiognomy, for

"There's a language that's *mute*, there's a silence that *speaks*,  
There is something that cannot be *told*,  
There are words that can only be read on the *cheeks*,  
And thoughts but the *eye* can unfold."

Be ambitious, but see that such aspiration is guarded by the proper balance of your other faculties. I have done. Success and happiness be your lot and may your life be one of usefulness to your fellow-man, deserving at its termination no greater comment than "Well done, good and faithful servant."

The charge to the Graduates was made by Prof. Hadley, on behalf of the Faculty.

#### PROF. HADLEY'S REMARKS.

##### GENTLEMEN GRADUATES :

We have met you here often in this lecture-room, we have given you the benefit of our instruction through the requisite time which is necessary to prepare you for the onerous duties which will fall upon you in the pursuit of your chosen profession. You have passed the ordeal of the much dreaded "Green Room," you have acquitted yourselves with credit to the Institution which you have honored by selecting as your Alma Mater, with credit to your instructors, and with greater credit to yourselves, for the industry you have ever manifested during the course which has culminated in your complete and entire success. And now as you are about to



leave this place, where you have passed so many months of ardent study, it has been deemed suitable that a few brief words of friendly advice and counsel should precede the separation between us, and that I should charge you with the expression of our best wishes and a few precepts for your guidance in your future labors.

You have devoted years to the study of the science of medicine, its peculiar phrases and intricate mysteries have absorbed your time and thought by day and by night, your perseverance and success is demonstrated by the result which we have this day met here to celebrate.

You are now about to go out into the world, crowned with the honors of your *Alma Mater*, the Eclectic Medical College of the City of New York, which entitle you to all the privileges and immunities accorded to any physician. And although you are now commissioned by the authority of these Trustees, and this Faculty, though you have fulfilled the conditions of study previous to graduation, yet your studies are not to cease; you are not to consider that you have learned all there is to be known upon the subject of medicine. New truths are being constantly discovered, new remedies are being continually tested and applied, and the medical man should be entirely awake to any innovation which promises a shorter path to health for his invalid patrons.

I need not perhaps charge upon you at length an adherence to the principles of medicine in which you have been educated. You have had the benefit of the experience of older men who have gone before you, who have tested and proved the success of the peculiar practice which has been taught to you, and upon which they rely in all cases and in all emergencies. Do not be afraid to let your principles be known; the more you satisfy the people with the knowledge of your mode of practice, and the harmless but efficacious nature of your remedies, the more will they be inclined to employ you to minister to their ills, and the more also will you become noted in your calling, and remunerated for your humane and benevolent efforts.

It is needless, perhaps, for me to impress upon your minds the value which will be attached to the manner of your intercourse with society. I will only say, that those gentlemanly instincts and evidences of good breeding which have characterized you during the brief term of our acquaintance, will guide you, and become a passport and introduction to you in any refined community in which you may reside.

Always strive to be foremost in every laudable pursuit, and promote with your influence and means every plan which has for its object the promotion of the happiness of mankind, or that shall materially benefit his condition physically or intellectually.

You will be called, in the regular pursuit of your employment, into the most intimate relation with the families of your patrons; you will be made the confidant of many incidents and perhaps secrets that are not mentioned outside, and some that are not spoken inside the family circle. If your patients confide in you as their physician and friend, sufficiently to impart to you any circumstances or secrets they would confide in none other, your characters as physicians and as men would be involved in any exposures or revelations you might make in regard to them. No one is blameless in violating the sanctity of confidence, and especially the medical man. Furthermore, I would charge you to be kind and faithful to those whose lives are committed to your care. To them you stand, in their estimation, as the arbiter of life or death; their faith is centred in you as the one person who can strengthen the brittle thread of their existence. Betray not their hopes. Prove true to the trust reposed in you. Be faithful to your calling, to the best interests of your patients, and the general welfare of mankind. So shall you be esteemed and recognized as a benefactor in the community in which you live.

Do not let any inducement cause you to employ your medical knowledge or skill for any vicious purposes, or allow any subsidy of means or hope of preferment to swerve you from the strict path of rectitude.

And now it only remains to me to tender you our expres-

sions of thanks and gratitude for the assiduity with which you have pursued your studies during the course which has now just terminated, for the excellent and close attention you have given to the instructions that have been communicated to you, for the respect and consideration you have ever manifested toward your teachers, and the harmony that has ever characterized the intercourse between Faculty and students. And when as Alumni of the Eclectic Medical College of New York, your thoughts are turned to the time you passed in her halls, forget not her interests; remember that the work she has to do is arduous in character, that she is expected to fill this land with Eclectic physicians, with men who are to go out as you go to-day, thoroughly instructed in her precepts, and indoctrinated in the principles of Eclecticism, and to do this she must have the students to educate. In view of this you will well understand your duties, you will see the responsibilities resting upon you to furnish them as far as you have the power; you are now members of the fraternity of medicine, and upon you with others, rest its best interests, which in all ways you should ever strive to promote.

We can but congratulate you on your success, and hope your prospects in future life may be constantly bright and cheering, and that your practice will demonstrate to the world the great advantages and superior success of the Eclectic system of medicine.

With these expressions of kindness, and aspirations for your future success and happiness, I reluctantly sever the relations that have existed between us, and bid you farewell.

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### Hæmorrhoids, or Piles.

BY PROF. EDWIN FREEMAN, M. D.

PILES, called also hæmorrhoids, from the tendency of one form of them to bleed, are thickened portions of the mucous membrane of the lower portion of the rectum, of greater or less size, involving very frequently the submucous tissue.

They are usually situated near the verge of the bowel, either just internal to the sphincter ani, upon it, or just external to its border. When internal to it they are called *internal*; when external to it, *external*; and when upon it, they are called *interno-external* piles. Internal piles may become external by elongation to below the sphincter, and thus may be bleeding external piles. External piles, proper, usually do not bleed; while internal or interno-external piles may not at all, or may bleed very profusely. When piles do not bleed, they are called *blind piles*.

*Causes.*—Straining, as in the effort at stool, when the bowels are very costive, or in parturition; the result may be in both cases, after the substance is expelled, the protrusion of one or more large pile tumors. I have seen it occur after both quick and protracted labors. In the latter case it is probable that pressure of the gravid uterus on the iliac veins was the predisposing cause, by producing a varicose condition of the hæmorrhoidal plexus situated around the lower extremity of the rectum; in the other the pressure of a mass of hardened feces on the walls of the rectum produced the same result. Continued sitting at work may cause a sluggish movement in the internal pudic vein, which receives the inferior hæmorrhoidal vein, and engorgement of the hæmorrhoidal plexus; or the same result may follow retardation of circulation in the middle hæmorrhoidal vein from engorgement of the vesico-prostatic plexus, consequent on disease of the bladder or urethra. Pressure of loaded and heavy intestines upon the iliac veins or the ascending vena cava, or of the liver upon the latter, thus retarding venous circulation, may very materially increase the engorgement of the hæmorrhoidal plexus, through the middle and inferior hæmorrhoidal veins. The portal circulation through the liver may also be retarded, and produce a similar effect in the plexus, through the superior hæmorrhoidal vein. The habit of irregularity of bowels may be established in early life, by inattention to the calls of nature at the proper time, and by constant repetition of the same, until at last a resort is had to purgative medicines. Mild purgatives soon lose their effect and then harsher



ones are used, and perhaps the aloetic. The bowels remain, after their operation, more costive than before, and the mucous membrane becomes heated, irritated, dry, and perhaps thickened. The hardened fecal matter rubbing against the distended hæmorrhoidal veins causes openings in them and profuse bleeding, or, in other spots, causes thickened and pendulous growths from the surface of the mucous membrane which are sometimes broad, and at other times narrow, in their attachment to the surface. These become very irritable and painful, and a deposition of plastic lymph occurs beneath the surface, rendering them hard and prominent. Ulcers may form at their borders, and give rise to fistulæ. All this condition may be complicated by a condition of prolapsus of that portion of the mucous membrane of the bowel, its entire circumference, intensely aggravating the discomfort and suffering of the patient.

Females generally suffer most from internal piles, which are aggravated by any irregularity of menstruation. Often bleeding piles are so bad that the entire menstrual flux passes that way. The change of life is liable to produce them also in females.

*Symptoms and Treatment.*—External piles are easily seen on an examination of the border of the anus. Small pendulous growths appear, some firm and pediculated, others broad in their attachment, and appearing like an elongated fold of the integument or mucous membrane. If not inflamed they give no trouble. If inflamed, they are extremely tender and sensitive, causing pain and a dragging feeling, either in walking or sitting. They sometimes suppurate, open and pass away. In syphilitic patients they are frequently found ulcerated. In the latter cases a caustic application, as lunar caustic, or nitric acid, followed by a poultice of *Ulmus fulva* soon gives relief. In the former case the inflammation may be allayed by a poultice of

℞ Pulv. *Ulmus fulva*,    ̄ iss.  
Pulv. *Stramonii*, fol., 3 iij.  
Pulv. *opii*,                3 i.

M.

or an ointment such as I shall recommend farther on for internal piles; or they may be excised with the scissors or bistoury, and the hæmorrhage controlled by cold applications, or by tannin, or by the application of Monsel's salt or solution of persulphate of iron. They also may be obliterated by the application of a ligature of silk or wire, which, causing strangulation, they soon drop off, and the sores are readily healed.

Internal piles may often exist unsuspected. The patient may have a feeling of irritation and itching, often of tenesmus in the lower end of the rectum. He may notice after the stool, or even without a stool, a thin discharge of mucus from the bowel. He may have a dull, aching pain opposite the sacrum and coccyx, or sacro-iliac articulations, or the lower part of the lumbar spine. There may even be irritation of the testicle, or about the neck of the bladder, increasing the tendency to micturition. All these symptoms may be so urgent as to draw attention from the true seat of the disease. The marked symptoms are the presence of blood in small or large quantities with and after the evacuations; a frequent bearing down and desire to stool, as though there was something in the bowel to pass away; and often, after stool, a feeling as though all had not passed, and a dragging pain caused by the pile tumor which had passed down being caught in the sphincter and held while the effort is made by the bowel to draw it back. On inspection, after the patient's straining a little, the piles appear at the anus, which becomes everted. They may be large with broad or narrow bases, intensely red, bleeding or not, as may be, and the surface often granulated and ulcerated; the latter being sometimes the case when they are not raised much above the surface. If they cannot be forced down, the speculum reveals their presence and appearance, or the finger may indicate their location, size, and general condition. If it is in the early stage of development of the pile tumors, with loaded bowels, torpid hepatic circulation, as well as congested hæmorrhoidal plexus and habitual costiveness, with much debility, the bowels should be thoroughly evacuated with the anti-bilious physic, or with a mild comp. Podophyllin pill; as,

|   |                       |          |
|---|-----------------------|----------|
| ℞ | Podophyllin,          | grs. v.  |
|   | Leptandrin,           | grs. xv. |
|   | Comp. ext. Colocynth, | grs. v.  |
|   | Ext. Taraxici,        | grs. xv. |
|   | Pulv. Ipecac.,        | grs. ij. |
|   | Alc. ext. Belladonna, | grs. i.  |

M., et F. pill. xv., three at a time.

The former will thoroughly cleanse the bowels and relieve biliary accumulations; the latter will produce a more complete effect on the liver. A mild tonic and laxative course should follow. And indeed this is indicated in all stages of the disease, in the course of treatment, avoiding drastic or harsh medicines, and keeping the bowels naturally open and the liver free. This is very conveniently done by taking daily of the confectio sennæ comp. of the American Eclectic Dispensatory, or of powders of

|   |                  |          |
|---|------------------|----------|
| ℞ | Sulphur sub.,    | grs. xl. |
|   | Potassæ bi-tart, | 3 ij.    |
|   | Leptandrin,      | grs. xv. |

M., F. pulv. x.; one at night, or night and morning.

A poultice, such as that already named, may be worn against the anus. Lavements of the mucous membrane by injections of starch-water made of infusion of poppy-heads with starch, are very good. An ointment such as

|    |                     |           |
|----|---------------------|-----------|
| ℞  | Unguent. Stramonii, | 3 iij.    |
|    | Cerat. Simp.,       | 3 i.      |
|    | Pulv. Opii,         | grs. xx.  |
|    | Pulv. Camphoræ,     | grs. x.   |
| M. | Pulv. Gallæ,        | grs. xx., |

may be passed into the bowel with the finger or with a suppository syringe, and allowed to dissolve there. Also,

|   |                      |               |
|---|----------------------|---------------|
| ℞ | Ol. Erigeron Canad., | 3 ij.         |
|   | Ol. Olivæ,           | 3 iv or 3 vi. |

M.,

may be used in a similar manner, but especially in bleeding

piles, with excellent effect. Injections of tea of the bark of the Hammamelis Virg. are also good, and the same has a good effect taken internally. In those obstinate bleeding or blind piles that resist all other treatment, they must be extirpated with the ligature, which is the only safe method of operating upon them. Excision with the knife is dangerous, from the liability of the patient to bleed to death. By the ligature the blood-vessels are closed and hæmorrhage is prevented. The process is best described by describing a case.

Mrs. H——, æt. 38 years, came to me, Sept. 16th, 1867, to be treated for piles. She had had them very bad for three or four years, bleeding so much, that with that and the menstrual flow, it seemed as though she would lose all her blood. Latterly all the menstrual flow came that way. She had been treated by several physicians with no benefit. The piles would come down at every evacuation of the bowels, and remain down, sometimes bleeding very profusely. They were just above the upper border of the sphincter ani, and covered almost the entire circumference of the bowel. After straining over the chamber, they appeared externally a zone of intensely red, bleeding, broad-based fungoid tumors. From one of them blood was spirting as from an arterial twig. After her bowels had been thoroughly evacuated by the anti-bilious physic, I had her strain the tumors out, and then, seizing each of them with a small vulsellum, applied silk ligatures, three on one side and two on the other, and one in front; and tightened the ligatures until each of the piles was strangulated. The extremities of the ligatures were secured upon the side of the buttocks by a piece of adhesive plaster and the patient directed to remain quiet in bed. The diaphoretic powder, with a little morphine, were given to produce rest and keep the bowels from acting, and a fomentation of hops, or poultice of slippery elm, directed to be placed against the anus. By the fifth day the ligatures had all come away, the tumors having sloughed off, and a smooth but raw surface was left. This was treated with mild zinc ointment of the American Eclectic Dispensatory, and the ointment already above mentioned, and occasional touching



of a weak solution of argenti nit., and the sores soon entirely healed. There still remained some oozing from the mucous surface, especially after stool, which however grew gradually less. I used occasionally to the surface a weak dilution of Monsel's solution of Ferri persulph., but found most benefit from the Ol. Erigeron and Ol. Olivæ, mixed as above described, which soon restored tone to the capillaries of the mucous membrane, entirely relieved its congestion and arrested the hæmorrhage, so that the patient declared herself as well as ever she was.

May 20th, 1868, No. 29 Amity st., New York.

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### Clinical Record of Cases Treated at the Eclectic Medical Dispensary.

SERVICES OF PROF. C. T. HART, M.D., AND JAMES DAY, M.D.

[Case 5098 continued.]

THIS, it will be remembered, was a case of severe intra-uterine ulceration.

We made six applications, by injection, to the body of the uterus, of the solution of carbolic acid mentioned in the last report, at each application painting the os and cervix with the stronger preparation. By this time the blue mark around the os had disappeared, as also the induration, to a great extent. The discharge is very slight, consisting of clear mucus, and entirely devoid of odor.

The cavity of the uterus can now be explored with a Simpson's sound, without inconvenience.

At this point we change our treatment, and employ an infusion of Hydrastis with Chlorate of Potassa, as an injection, and, to remove the induration, a vaginal pessary, introduced every night, consisting of Cocoa Butter, Iodide of Zinc and Belladonna.

*May 17th.*—Patient improving, comes once a week. Still taking "Comp. Tonic Mixture," with Leptandra, and is rapidly gaining flesh. Appetite good. Bowels regular.

CASE 5236.—Rose, R., æt 37. Native of Ireland. Single.

*May 11th.*—Amenorrhœa. Suppression of three years' duration. Complains of debility, loss of appetite, severe pain over the eyes, excessive nervousness, with insomnia and constipation. Appearance, anæmic. Gave her Pill. Cathart. Comp., iij., to be taken at bedtime. Also, Quiniæ Sulph., grs. iij., with Al. Fl. Ext. Gelseminum; M.,  $\frac{1}{2}$  xv., also at bedtime.

*May 12th.*—Slept well and feels much better. Gave Comp. Tonic Mixture,  $\frac{3}{4}$  j.; take teaspoonful three times daily.

*May 14th.*—General health greatly improved. Still constipated. Ordered Pill of Aloes, Myrrh and Iron; two at bedtime every night.

*May 20th.*—Discharged cured.

CASE 5295.—Patrick C——, æt. 35. Married. By occupation, stableman. Took severe cold a year since, resulting in catarrh. On recovery from the cold there was left inflammation of the lachrymal gland, with enlargement of same, and closure of the lachrymal duct. Abscesses have formed at times on various parts of the face in proximity to the affected eye.

These have discharged, and each resulted in a permanent fistula, with constant discharge of purulent matter.

When first seen by us there were six of these openings, each discharging pus. There was eversion of the lower lid (the lachrymal secretion constantly flowing over it, a source of severe irritation), conjunctivitis and sclerotitis.

The general health was seriously affected, there being loss of appetite, headache, and constipation.

The patient says he has been to all the Dispensaries without relief; has taken large quantities of Corrosive Sublimate, and Iodide of Potassium, all of which seemed to aggravate the symptoms and debilitate the constitution. He was willing to undergo any treatment, so he could return to his employment.

*May 1.*—I prescribed as follows: Comp. Stillingia Pills,\*

\* Prof. R. S. Newton's formula.

two three times daily;  $\mathcal{R}$  Zinci Sulphatis, grs. ij. ; Al. Fl. Ext. Hydrast., 3 ss. ; Aquæ Puræ, 3j. Fiat collyrium; to be used as a wash, and also to be dropped into the eye 3 times daily; mild zinc ointment to the fistulous openings. Informed him that it might be necessary to open the lachrymal duct, before a cure could be complete.

*May 13.*—Rapidly improving, has returned to his work. Inflammation of sclerotica subsided; of the conjunctiva much decreased.

Three of the openings have healed, the others discharge but little, and are healing. General health improved in every respect.

Continue treatment.

*May 21.*—Patient presents himself in high spirits. Only one opening left, and that discharging but a drop or two in 24 hours; the marks of those that first healed are also disappearing.

Patient says some of the water passes from the eye through the nasal cavity on the affected side.

From present appearances there will be no necessity to open the duct.

We recommend continuance of the treatment, and expect at next visit to discharge him, advising the continuance of the Stillingia to eradicate the Mercury.

CASE 5103.—William G——, native of Ireland, aged 46, married, stonemason by trade.

*April 6.*—Presents himself complaining of spasmodic cough, to use his own expression, “like to take his breath away at night.”

Constipation of long standing; tongue heavily coated; enlargement of the liver, with discoloration of the skin; voracious appetite, yet losing flesh and strength, and considerable expectoration of frothy mucus. Prescribed as follows:

$\mathcal{R}$  Al. Fl. Ext. Leptand., 3 vi. ; do. Podophyll., 3 ss. ; do. Hydrast., 3 iij. ; do. Sanguinar., 3 iss. ; Syr. Rhei et Potassæ, 3 iv. One teaspoonful three times daily.

$\mathcal{R}$  Al. Fl. Ext. Silphium, 3 i. M. xx. on sugar when cough is troublesome.

*May 11.*—Much better in general health ; Liver less tender on pressure, and decreased in size ; appetite more natural, and gaining strength ; says he could not take drops in little bottle, made him sick at stomach ; hence cough not much improved, though less expectoration ; prescribed as follows :

R Comp. Tonic Mixture, ℥i. ; Al. Fl. Ext. Leptandræ, ʒvi. ; Al. Fl. Ext. Podophyllum, ʒi. ; Al. Fl. Ext. Hydrastis, ʒi. M.

Take 1 teaspoonful three times daily.

R Syr. Helianthus Co., ʒij. ; Syr. Ipecac., ʒss. ; Alc. Fl. Ext. Sanguinar., ʒi. ; Al. Fl. Ext. Silphium, ʒij. M.

Take one tablespoonful night and morning.

Prohibited tobacco and late suppers.

*May 18.*—Discharged cured.

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## PERISCOPE.

*The Treatment of Venereal Disease. Extracts from an Article by DR. G. H. B. MACLEOD.*

THE treatment of venereal disease divides itself into the local and constitutional. The former is of course alone required in the case of the soft chancre, but both are necessary in true syphilis. It may, however, be here said that a mere excoriation demands the simplest possible applications. Water dressing, or a very weak stimulant, or astringent solution applied on a thin teased-out flake of carded cotton ; or what often succeeds better, a little chalk powder, or starch, dusted over the breach of surface, combined with attention to the bowels and the avoidance of wine, will probably suffice. In dressing this, and all such sores, the greatest gentleness should be enjoined. The old dressing should be removed by a stream of lukewarm water, and then the new application put on without any "scrubbing" of the part, and with as little irritation as possible. If the foreskin is to be returned over the dressing, the thinner the layer of lint or cotton put under it the better, and the patient should be forbidden to examine, as he is apt to do in his anxiety, the part during the interval between the dressings, as the irritation thus caused is most pernicious. Twice a day is as often as the dressings should be renewed in any case.



If a chancre is seen early it should be thoroughly and completely destroyed. This rule holds good as regards both sores. We destroy the virus of the non-infecting chancre in order to prevent local complications, to avoid it spreading or becoming phagedenic, to prevent the bubo of absorption, to hinder it from multiplying itself on the patient or being communicated to others. We destroy the hard chancre, *not* from any hope we can entertain thereby to prevent constitutional infection, because by the time we are able positively to say "this is a hard chancre," *the system is already infected*, but by adequately applying caustic we convert the infecting chancre into a simple suppurating sore, we prevent its communication to others, we remove any depot of virus which may remain in the hard base to feed the disease in the system, we give the patient's anxiety a certain relief and inspire him with some confidence, and we also guard ourselves from the imputation of having omitted such application when afterwards constitutional symptoms appear.

There are many caustics in use for the destruction of the chancre. Some of these are too deliquescent, others too weak, others too painful and slow in their action. The hot coal, or "dottle" from a tobacco pipe, which is occasionally used by the vulgar, are more to be relied on than many of the escharotics employed by surgeons. I have experimentally tried all the caustics which have been recommended, and very much prefer strong nitric acid, or the acid nitrate of mercury, to them all. I generally employ the former. It is very manageable, penetrating, and rapid. The sore must be well exposed, wiped dry, and a large drop of the acid put upon its centre by means of a spun-glass brush, or a bit of wood, and then the edges and whole surface rapidly destroyed. The patient should be placed with his back against the wall, so as to prevent his withdrawing his person when he feels the sharp sting of the acid. Plunging the part into water, or pouring a stream over the sore, quickly arrests further destruction, and allays the pain. Such simple means succeed in neutralizing the acid just as well as an alkaline solution.

Of all local applications the most useless, in my opinion, is nitrate of silver. It is not powerful enough to destroy the sore effectually, and so fails in fulfilling its most important requirement; and it causes much irritation (especially if repeatedly used) and inflammation in the sore, gives a pseudo-hardness to the base, excites the lymphatics, and altogether does much mischief. It introduces features into the case which do not legitimately belong to it, and so occasions con-

fusion, while, as has been said, it gives rise to unnecessary complications. No caustic should be applied to a chancre so long as it is inflamed. By the use of water, or some soothing application, or possibly by the aid of a leech and fomentations, or steaming, the excited action should be subdued before the escharotic is employed. One thorough application should suffice. The repeated use of a caustic does infinite harm. If it has been once properly applied, it should not again be required, unless phagedena set in. After the use of the caustic a poultice, or, what is quite sufficient in most cases, warm water dressing, should be employed to cause the slough to separate, and then we have a simple ulcer to deal with, the applications to which will, like any other non-venereal sore, depend on its requirements at the moment. If it is slow to heal, or fails to heal from excess or defect of action, it will demand soothing or stimulant dressings; but if it presents, as is usual, the characters of a healing granulating sore, then the simpler the applications the better. Water alone, or medicated by the addition of a small amount of a metallic salt, or an astringent, or a solution of opium, will in very many cases suffice. Many would seem, by their unfailing use of black or yellow wash, to imply a belief in some specific effect of a mercurial on a venereal sore. So far from such a remedy being good for all chancres, it is supposed by not a few greatly to predispose the soft sore to phagedenism. No stimulant application is, as a rule, better than Hey's red wash, Ricord's aromatic wine, or a solution of tartrated iron, or a weak solution of the muriated tincture of iron; nor does any astringent answer better than tannin and glycerine; nor is any soothing dressing superior to a watery solution of opium. All ointments are bad, as being apt to become rancid and poison the sore. After the destruction of the virus, the local management of soft and hard chancres is the same in all respects.

The bubo which may attend the soft chancre should be treated early, and with the aim of preventing suppuration. Rest is especially necessary, together with fomentations, preceded, it may be, by the application of leeches, and the administration of salines. Low diet should also be enjoined. An opiate suppository at night is highly useful, by giving rest and preventing erections, by which the ulcer is irritated and the glandular complication augmented. When it is evident that pus is going to form, we apply poultices, and open the abscess freely parallel to Poupert's ligament. Small incisions are to be reprobated, and "multiple punc-

tures" are worse than useless. A poultice will be employed till the pus is removed, and then the cavity of the abscess managed like a hollow ulcer. If the edges of the wound get inoculated by the pus, then we must apply caustic to them as to the primary sore; and if the skin gets thin and undermined, and so diseased as to be incapable of recovery, then we must remove or destroy it. If a gland project from the cavity of the abscess and prevent its closure, then we must excise it, or destroy it by caustic. Sinuses must be split up, and dressed so as to granulate from the bottom. The knife should always be preferred to caustic for opening buboes, and, with the aid of the spray apparatus, we can accomplish it without pain. It is possible that the use of caustic may render the inoculation of the edges of the opening less likely to occur, but its slowness and painfulness more than counterbalance such advantages.

If the tendency to suppuration is checked, and enlargement and hardness in the gland alone remains, then counter-irritation should be employed. Blisters, or iodine, or a stimulant embrocation, may assist the removal of such deposits, but there is always great risk by their premature or inappropriate use of reviving the inflammation or inducing suppuration.

The hard rolling glands which accompany the infecting chancre demand no local application. They should be simply guarded from all irritation. If from any cause an abscess should form in the groin in connection with the hard chancre, then it must be treated like any other abscess in the same part.

Phagedena may affect either chancre, but is infinitely more common in the soft than the hard, and is in it much more destructive. It may prove a most terrible affair in broken-down, intemperate persons, and demands most energetic treatment. The patient should be isolated, and the most perfect cleanliness and ventilation enforced. If mercury was being administered it must be stopped, and that food which is most nourishing and easiest of digestion given, with a liberal allowance of wine, unless the patient be plethoric (which he very rarely is) and there is evidence of acute inflammation round the sore. Phagedena is usually a sign of depression and feebleness, and is to be managed accordingly. If, however, there is acute inflammation present, then it must be subdued in the ordinary way. The sore must be freely canterized with strong nitric acid, and the application renewed as often as may be required to arrest the



disease. When, by means of carrot or linseed meal poultices, combined with disinfectants, the eschar is separated, a strong solution of potassio-tartrate of iron (30 grains to the ounce) forms the best dressing, and a drachm of the same salt should be administered in the twenty-four hours internally, with a full opiate at night. It is some years now since we have had any bad cases of spreading sores to deal with in the Lock Hospital, and this I attribute mainly to the early and free use of the salt of iron just mentioned.

As regards warts and vegetations of a syphilitic origin, they should be removed with scissors, and the part from which they sprung touched with caustic or perchloride of iron. There is not the least fear of excessive hemorrhage, and the spray apparatus will greatly diminish the pain. Warts can be very effectually destroyed by touching them with strong nitric, chromic, or acetic acid daily, till they are completely killed, and then removing them with a spatula or the nail. In the female, syphilitic vegetations occasionally attain an enormous size, hanging down in dendritic masses, which exude a most nauseous discharge.—*Glasgow Medical Journal*.

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*A New and Effective Method of Treating Phthisis Pulmonalis.*

DR. CARL BOTH, Boston, Mass., has written a monograph in which he pronounces the curability of consumption with the greatest confidence, through *artificial calcification*. It is a practical application of the cellular pathology, announced by Virchow; and the author's theories may be given in his own words:

“As a nation consists of millions of single individuals, each holding a superior or inferior position, each dying and being replaced without injury to the whole, so is our body a commonwealth of cells, each of which has its office; each may die and become replaced by another. As a statesman watches over each individual, and tries to improve each for the benefit of the whole, so the physician should know all cells of the body, their office, and their place. He should cause their removal in case of unfitness or decay, and prevent such cells as do not fit its general structure from entering the body.”

The cells composing our body live and are sustained by the food we eat, and if we cut off our food, we cut off the nourishment of the cells. By giving different food different effects on the cells are produced. The blood requires lime



for calcifying displaced or degenerated cells by depositing that substance in them.

He wishes to be understood, *that tubercles in the lungs are composed of, and originate from, blood globules which have escaped out of the general circulation, through the bursting of an obstructed capillary vessel. That this obstruction takes place where the respiration is suppressed.* From this the conclusion is drawn *that tubercles can nowhere originate in the lungs except in those parts where respiration has been oppressed or has ceased.*

The natural healing process consists in the calcification of the diseased part, so that they appear as if made of chalk, though the original cells and tissues can yet be detected by the microscope. It is evident, therefore, that in such cases, the blood must have been able to furnish a considerable quantity of lime, to provide for the calcification of the decayed parts. His treatment is divided into three sections, each of which finally supports the other in their effects :

1st.—*The extension and cleaning of the lung by pressing air into it.*

2d.—*The introduction of lime into the blood in sufficient quantity for the calcification of the tubercles ; and the purification of the blood by higher oxidation.*

3d.—*The determination and regulation of a diet to suit the particular form and degree of disease.*

The direct treatment of the lungs consists in pressing the air into them by natural inspiration, powerfully stimulated by certain muscular exercises which are calculated to effect this object. If, in the case of a collapsed lung and chest, the pressure of air in the lungs is increased, that organ and the thorax will necessarily be extended ; and the air will pass gently and gradually into the smallest bronchi. The air vesicles and obstructed bronchi being opened, the pus and mucus contained in them will be expelled by the increased ciliary motion, by the revolving air, and by the action of the cough. At the same time the capillary circulation will be increased, diosmosis of the cells renewed, and many of them rescued from fatty degeneration and decay.

To increase the nervous action of the lung, and to produce at the same time an increased pressure, tension of the respiratory muscles must be resorted to, as a pumping force on one side, and as an irritant on the respiratory nerves by reflex irritation on the other.

To demonstrate the result the following practice will be found of service : Let a person rest the whole of his weight

on the ends of his toes and fingers in a horizontal position. He will find, on rising, that he must take larger and more forcible inspirations than were otherwise possible. By means of the forced inspiration effected in this way, air is driven into the diseased part of the lungs, and distends them in consequence.

The treatment of the blood consists, *first*, in purifying it from those substances which cause the profuse perspiration. The food is divided into two classes, respiratory and plastic. The first is that which contains no nitrogen. The second is that which does contain nitrogen, and which replaces the materials consumed by the action of the body.

The treatment of the blood consists, *second*, in the introduction of *phosphorus* and *sulphur*.

Having provided for the introduction of sulphur and phosphorus into the blood, we are, *third*, to obtain a sufficiency of *lime*, *silica*, and *magnesia*.

These materials are abundantly found in the hulls of oats, barley, wheat and rye; but in the early stages of the treatment these cannot be readily digested. Extracts of herbs and plants known to be rich in these three substances, such as *Triticum Repens*, *Achillea Millefolia*, *Marrubium Vulgare*, *Leontodon Taraxacum*, &c., serve as a proper substitute. The general rule for the administration of food, in every case, should be the following: to *adjust the quantity given to the amount of oxygen to be absorbed*. For *respiratory* food, make use of whey, freshly made of boiled milk, from which the caseine has been separated by adding a little cream of tartar; malt sugar, honey, fresh butter; in the spring and summer, milk, after it has become thick by the formation of lactic acid. For *plastic* food, give Liebig's extract of meat, when the digestion is very bad! Raw meat, chopped fine, given in the form of a salad, is excellent. When the digestion is good, beef, mutton, game and fresh fish, are the best articles of food.

The bread should be made of rye meal and corn flour (not sifted too finely). Sago, cracked wheat, farina, rice, corn and oatmeal, tomatoes, and all kinds of fresh and acid fruits, may be given as the case requires it.—*Med. Record.*

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*Local Anæsthesia in the Treatment of Traumatic Tetanus.*

J. C. WHITEHILL, M.D., reports having been called to a case of tetanus, in a boy of about sixteen years, who had trodden upon a rusty nail. The wound, although temporarily

painful, healed over in a few days and gave no further trouble. In about ten weeks he complained of slight stiffness of the muscles of the neck and a difficulty in swallowing, which increased until well marked tetanic symptoms were recognized. The usual routine of treatment was tried without any apparent benefit. The inhalation of chloroform was thoroughly resorted to, and afforded relief *only* when total anæsthesia was produced.

The application of chloroform to the entire spinal column was then made by means of a cloth saturated with it, and evaporation prevented by covering the cloth with oiled silk. The application was made just at the approach of a paroxysm. As a result of the application, the paroxysm was averted, and in a very few minutes the patient fell into a calm and natural sleep, lasting several hours—the longest interval between the paroxysms he had yet enjoyed. On feeling a returning paroxysm, he asked for a reapplication; and a second time the spasm was averted, and a comfortable sleep followed. For the next forty-eight hours occasional tetanic symptoms immediately yielded to the application of chloroform. The subsequent convalescence was rapid. Three cases reported by Dr. Hinkle give a like favorable result from the same method of treatment.—*Humboldt Medical Archives*.

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*Ano-Spinal Centre.*

DR. J. B. V. MASIUS concludes from experiments made on animals:—

“1st. That there exists in the spinal cord a clearly circumscribed centre, corresponding to the intervertebral disk uniting the 6th and 7th lumbar [?] vertebræ, which we call ano-spinal.

“2d. That it presides over the tonicity as well as the reflex contraction of the sphincter ani.

“3d. That to this centre proceed antagonistic fibres, which can be followed even into the optic thalami.

“4th. That through this centre pass fibres which convey to the sphincter the impulse of the will.

“5th. That the 2d and 3d sacral nerves supply this muscle.”—*Bulletin de l'Académie Roy. de Belgique—Journal de l'Anatomie et de la Physiologie, March and April, 1868.—Boston Med. and Surg. Journal.*



*Medicine as a Profession.*

A RECENT writer in the *Spectator* says:—Medicine is in one respect the very best of professions. It is the only one in which a decent man with a conscience can be absolutely certain that he is doing good. Most things are uncertain in this world; but that it is good to make a man feel less pain, or to keep a sick child alive, or to help a woman in birth pangs, is not, except to very crotchety or very peculiar people, uncertain. Medicine, however, though a very noble, is not a very great profession. Of all others, it has turned out the fewest men who were great in any way whatever outside of their own groove. It requires an exclusive devotion; has often a somewhat narrowing effect on the mind; and, for reasons which it is possible to explain, though impossible to justify, it does not enjoy anything like its proper consideration with the public. An average army surgeon must of necessity be the superior of the average officer of his regiment, being necessarily a man of some knowledge; and, whenever the question has come up, journalists and members of Parliament have always assumed that view with something of petulance; but it will be long before the army is of the same opinion. A great surgeon or physician in London may have any rank; but the country surgeon is not invited by men who invite his brother, the vicar, and is worse paid by half than his cousin, the local attorney.—*Brit. Med. Journal.*

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*Acute Hydrargyrimus.*

M. FERRAND relates a case recently under M. Monneret's care in La Charité. A woman, aged twenty, had, two days before her admission, passed five or six hours in a small room, the window of which was open, where her husband was engaged in evaporating mercury, by means of a portable furnace, from some earth which he had deposited in it long ago, supposing it to contain gold. The mercurial vapors by which she was surrounded caused her to cough, and took away her appetite. Not suspecting anything amiss, she slept in the same room, after quitting it for awhile, with the window closed. In the night she was seized with dyspnœa, spasmodic cough, and vomiting, and all the next day had cough and anorexia. In the night, about twenty-four hours after the vaporization, abundant salivation came on, and next day she exhibited acute mercurial stomatitis, this soon being transformed into sanguinolent ulceration. But the appear-



ance of the tongue varied so from day to day that the affection could never have been diagnosed by it alone. On the fifth or sixth day an eruption having some of the appearances of roseola appeared first on the face and neck, and then became general, putting on somewhat different appearances in different parts. The woman was obliged to remain a month in the hospital, and, before she left it, suffered from deep-seated pains of the limbs.—*Union Med. and Med. Times and Gaz.*

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*Salivation in Pregnancy.*

In a report of unusual obstetric cases, Dr. A. D. Sinclair relates the following of special interest: "*Puerperal Salivation; Puerperal Mania; Death.*—Mrs. —, æt. 24; second pregnancy. Salivation came on early in pregnancy, and continued more or less troublesome to its close; amounting to about a pint in the twenty-four hours. Her general health was about average. The mucous membrane of the mouth was not so abraded and tender as to prevent the use of ordinary diet. It was noticeable, in the course of her pregnancy, that she entertained gloomy notions with regard to domestic affairs; fancied that her boy was badly treated by its father, and that the latter did not care for herself as much as he might, etc.—fancies which were without real foundation, and the cause of much grief to the husband, who was truly devoted to wife and child. The patient was frequently seen during pregnancy, and her condition remained much the same. She was delivered of a child at full term, after a labor of five hours. The salivation ceased, but her melancholy deepened; and soon after confinement she neglected her children and household, sat and brooded over imaginary troubles, spoke but seldom, and that only yes or no. She was sent to an asylum, where she died, imbecile, in a little over two years.

"*Puerperal Salivation; Bronchitis; Diarrhœa; Death.*—Mrs. —, æt. 26; third pregnancy. During the last three months of pregnancy she had profuse pytalism, the saliva flowing from her mouth so freely that she was obliged to use a bed-sheet as handkerchief, and not unfrequently was this large surface of cloth completely saturated in the course of a few hours. The mucous membrane of the lips, tongue, and interior of the mouth was denuded of its epithelium. The mouth felt as if it had been scalded, and

the use of any but the blandest articles of diet caused much suffering. An irritable condition of the mucous membrane seemed also to extend to the lungs and alimentary canal, for there obtained a troublesome bronchitis and a tendency to diarrhœa. Labor came on at the full period, and lasted only two hours. It was hoped that the morbid condition, heretofore existing, might cease on delivery. The salivation disappeared and the bronchitis decreased, but the diarrhœa increased, against the arrest of which all efforts proved useless. She died thirty-seven days after confinement."—*Dental Cosmos*.

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*Syphilis from a Bite.*

"*Question of Incubation of the Primary Lesion of Syphilis.*—The period of incubation of the primary or local lesion in syphilis is a very difficult ascertainment, and, moreover, it seems by no means to be invariable in its length. The admirably-observed case cited by Dr. Robert McDonnell, in the *Medical Press and Circular* of Jan. 29th, 1868, gives the period as thirty-one days. Professor Böeck has told me he has remarked that when inoculation is made from an indurated sore, there is little or no incubation in general; while, when a person is infected from a secondary symptom, the period of incubation is often rather long. Baerensprung puts it down at twenty-eight days, and in the cases, now amounting to a considerable number, where blood and other secretions of syphilitic persons were inoculated on healthy persons, the period of incubation of the primary lesion was found to be about a month. The following case of well-marked incubation period was seen by me at the Farringdon Dispensary, Holborn, on the 16th March, 1865. A modest-looking young girl, aged nineteen, came with a remarkably hard non-suppurating sore on her right lower lip. Sub-maxillary glands were hard. Diagnosis, indurated chancre. The girl was modest and well-bred, and I was at a loss to account for this fact. On inquiry it appeared that she was engaged in marriage to a man, and that one evening, at the beginning of February, he had, on bidding her good-bye, bitten her lip playfully in kissing her. She remembered the time well, because the lip was painful after it. Three weeks afterwards she felt a lump in the lip, which gradually enlarged until it became the size of a hazel-nut, when she came to consult me. This gave an incubation period of upwards of three weeks, or

twenty-one days. I may add that the girl soon had roseola and periostitis of the tibia, and slight alopecia, with mucous tubercles, all of which gradually, though slowly, got well under doses of pot. chlor., and, in about nine months, being free from stain, she married, and became pregnant, after which I lost sight of her."—(*Med. Press and Circ.*)

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## EDITORIAL.

### End of the Volume.

WITH this number closes the Third Volume of the "ECLECTIC MEDICAL REVIEW," and we would respectfully solicit a renewal and extension of the support which has been given this enterprise. We beg our friends to send in their subscriptions immediately, so that we can form an estimate of the number of copies to be issued in the initial number of the next volume. It is absolutely necessary for our delinquent subscribers, in order to insure a continuance of the Review to them, to remit their dues *at once*. A journal such as the Review cannot be furnished at the exceeding low price of \$2 without prompt payments. A glance at the Table of Contents of the Volume just closed, which will be found appended to this number, will satisfy any one as to the great number, variety, and interesting nature of the matters presented in one year. We have made such arrangements with our collaborators as cannot fail to greatly enhance the interest and practical value of the Review. We wish to make the Review an exponent of all that is distinctive in the Eclectic practice of Medicine, and to promote this object we cordially invite our practitioners to send reports of cases, new application of remedies, and peculiar modes of treating disease, which will demonstrate the superior success of the Eclectic practice.

We would also urge upon our friends the importance of renewed efforts to extend the circulation of the Review. If each subscriber would send us a new one, it would not only greatly enlarge its circulation, but also its capacity for usefulness. Bear in mind that this exertion we ask of you is not entirely gratuitous. The more liberal the support of a medical journal, the more are the editors able to improve the work, and it thus proves of direct advantage to the subscribers. If our friends will forward us the name and address of

any physician who they think would like the Review, we would take pleasure in sending them a specimen number.

Although the Review bears favorable comparison with any medical journal in subject-matter, style, typography, and general finish, yet we have determined to furnish it on a better quality of paper, and otherwise improve it. It will be published regularly the first of every month. The office of the Review has been removed to No. 30 EAST NINETEENTH STREET, where all communications should be addressed.

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## REVIEWS AND BIBLIOGRAPHICAL NOTICES.

VACCINATION: ITS TESTED EFFECTS ON HEALTH, MORTALITY, AND POPULATION.—An essay, by CHARLES T. PEARCE, M.D., Member of the Royal College of Surgeons of England, Fellow of the Anthropological Society of London, &c., &c. Bailliere Brothers, New York. 1868.

*[Continued from last No.]*

In the last number of the Review, in noticing Dr. Pearce's Essay, we said: "The mortality from chest diseases—including phthisis, bronchitis, pneumonia, and whooping-cough, amounted to the proportion of 5,840, for one million persons living, the mortality from all causes being in the proportion of 1 in  $42\frac{3}{4}$ ," instead of 23,387, for one million living; a "comparison of these figures," says the Author, "shows that about one in four deaths in England were due to chest disease," adding very appositely that "such a frightful mortality should engage the attention of medical statisticians, and lead to an inquiry into the causes which are productive of such a waste of life." Appalling, indeed, is the fact stated by Mr. H. C. Harris, Surgeon to the Orphan Working School, Haverstock Hill (England), "that 85 per cent. of the inmates of that Asylum are made orphans by means of Phthisis in one or both parents (Blue-Book, p. 149). Of the illnesses which caused death or the removal of the children, in 36 cases, were: phthisis, 10; scarlatina, 4; inflammation, 5; nervous diseases, 2. It is related that Jenner's first vaccinated patient, Phipps, and also his eldest son, whom he swine-poxed, subsequently died of consumption. It is worthy of remark that, when small-pox is prevalent, the mortality from whooping-cough is low; and that, when small-pox is in abeyance, the mortality from whooping-cough is high. When small-pox is in the ascendant, a great outcry is made about the dreadful mortality produced by it; yet, strange to say, the dreadful mortality of chest disease, which completely casts into the shade the mortality from small-pox, passes unnoticed.

The following facts are adduced in support of the theory that



small-pox increases the chances of longevity in those who are attacked by it and recover :—

The widow of a tradesman presented herself to the Author for examination, in order that an assurance upon her life might be effected. Her family history was thus stated by her : “ I am 40 years of age. I have a brother living who is 44. My brother and I are the only survivors of a family of ten children. Five of the eight who are dead died in childhood, two at puberty, and one at 18 years of age, of *consumption*. My brother and I had small-pox; we had neither of us been vaccinated; for it was not much the fashion in the country when we were children; but the eight younger ones, born after me, were all vaccinated, and my poor mother always attributed their deaths to vaccination; *there had been no consumption in the family till then.*” Dr. Pearce then inquires : Was consumption introduced into this family by vaccination, or did the process of vaccination, by preventing the elimination of vitiated matters through the skin—a process of purification necessitated by the prevalence of fever, or of small-pox—produce a deteriorated condition of health, and so induce phthisis? Is not the blood contaminated by vaccination?

It is difficult to abridge the views of the Author without marring his essay by making such omissions as would destroy some important link, or weaken an appropriate illustration, and we have therefore given Dr. Pearce’s views full prominence, more than we usually do, or our space justifies. But while the Author has interspersed his essay with many anecdotes in illustration of the points he discusses, and brings forth a number of scientific facts in supporting his views, we very much regret to read his angry expressions, which, to say the least, display prejudice and inability to reason dispassionately. Such phrases as “ beastly,” “ foul,” “ tainted,” “ diseased,” “ crime against nature,” are not only unnecessary but greatly deplored. But what says Dr. Ward of London :

“ I have been a vaccinator of the National Vaccine Establishment for more than forty years, and have vaccinated during that time 48,000, and I feel justified in expressing my entire conviction that vaccination, properly performed, is as effectual a preventative of small-pox as small-pox itself is. Two points of inquiry have always engaged my attention. The one as to the occurrence of small-pox after vaccination; and the other as to the number of persons vaccinated. None of the total number of these have yet died of small-pox, and of the total, not 3,000 have been re-vaccinated; proving to my mind most satisfactorily the delusion of the idea that the protective powers of vaccination are diminished or worn out in the course of time.”

Dr. Harris of New York, has found that the bad sequel of vaccination of soldiers was due either to violation of Jenner’s rules, or to the bad management and cachectic condition of the patient. His opportunities for experience upon the subject far surpassed those which any other physician ever enjoyed: they consisted in the per-

sonal inspection in hundreds of places, both North and South, of extensive vaccination of soldiers, and also in the collation of MS. and oral accounts of their results from a great number of medical authorities in both the Union and Confederate armies, and the following is his conclusion :

“Genuine vaccination was found an absolute safeguard against small-pox. The experience of that of more than two millions of American soldiers in the war of the rebellion, has demonstrated anew, and upon a gigantic scale, both the importance and the correctness of Jenner’s rules for procuring the full benefit of vaccinia, and transmitting it to others in all its original and pure prophylactic power.”

The testimony of Dr. J. P. Loines, of the Eastern Dispensary, N. Y., is : Much vaccination has always been done in all countries by ignorant or non-medical people, unaware of the proper rules of the disease ; but seemingly believing that vaccine was so powerful and pure (almost magical) that “once a vaccine sore, it must always remain such,” and that no harm or failure would ever arise from anything which had had even the most remote connection with the vaccine on a healthy subject. From such have arisen most of the failures and trouble attributed to vaccination at the present day. The subject of injury by means of the vaccine virus would be almost completely set at rest, could all the evidence be diffused which, about five years since, Dr. Simon, agent of the London Board of Health, collected from the answers given to the following query : Have you any reason to believe, or suspect, that lymph from a true Jennerian vesicle has ever been a vehicle of syphilitic, scrofulous, or other constitutional infection to the vaccinated person ; or that unintentional inoculation with some other disease, instead of the proposed vaccination, has occurred in the hands of a duly educated medical practitioner ? ” The answers were overwhelmingly and conclusively in the negative. All concluded that no disease could be regularly reproduced by inoculation, excepting the vaccinia, variola, and syphilis, —all other results were merely the effect of purulent or putrefactive decomposition, or slight blood-poisoning, analogous to that of dissecting wounds.

Not later than 1867, Dr. Lankester, the Coroner of Central Middlesex, England, says : “Feeling convinced that the neglect of vaccination is one of the great causes of the origin and spread of small-pox, I have felt it to be my duty to hold inquests in those cases which have come to my knowledge where children have died from this disease without being vaccinated. It is well known that even when persons catch small-pox after vaccination, they are not so likely to die as those who have not been vaccinated, and a coroner’s jury has a right to pronounce an opinion on the neglect which thus exposes the lives of people to danger. There is also the fact that the unvaccinated take the disease much more extensively in proportion to their number than the vaccinated, and thus become the

means of spreading this loathsome disease in the community in which they live. Besides this, the legislature has passed a law whereby persons, whether parents or guardians, are exposed to a fine for not having children vaccinated at a proper age. The question has, I believe, never been decided in a court of law, but it is certainly one that invites attention, as to whether, according to the spirit in which the verdict of manslaughter is returned in other cases, persons breaking the law in neglecting to have their children vaccinated are not exposed to a verdict of manslaughter if it can be shown that they died of small-pox from not having been vaccinated as the law requires."

As late as February last, Drs. Carnochan and Whitney, Eclectic Medical practitioners in this city, addressed a communication to the Board of Health, remonstrating with the Board for compelling the children in the public schools to be vaccinated by their Inspectors, &c., and asserting that the common practice of the vaccinating of one person with another was calculated to spread a variety of diseases, such as scrofula, syphilis, &c. And the following resolutions of the Eclectic Medical Society of the City of New York were also sent to the Board of Health and Board of Education:—

*"Resolved*, That in the opinion of this Society, no persons except the parents or guardians of the children, have a right to direct their vaccination, and that no one should be allowed to enter our common schools and vaccinate children, without the knowledge and consent of their parents and guardians.

*"Resolved*, That the subject of obtaining pure vaccine virus direct from the Kine, is one of very great importance, as matter thus obtained will prevent the spread of a variety of diseases, such as scrofula, syphilis, &c., which almost universally follows the use of impure matter.

*"Resolved*, That this Society respectfully recommend to the Metropolitan Board of Health, of the City of New York, that they establish a system for obtaining pure virus direct from the Kine, and in such quantity as will supply every possible demand."

The Sanitary Committee of the Metropolitan Board of Health, in forwarding these communications to Dr. Loines, to report upon, states emphatically that the Board of Health does not vaccinate any one. All that it undertakes to do is to inspect the cicatrices on the children, to ascertain if they present evidences of good vaccination, and if the marks are equivocal, to require that the children be re-vaccinated, where and by whom the parents and guardians should deem best. Adding that "by the past history of the small-pox, we know that one hundred years before the introduction of vaccination into Great Britain, the mortality from small-pox alone reached 30,000 a year, and if computed upon the present population would reach 100,000 a year, and if the same ratio should prevail in the other countries of the civilized world, there would have resulted a mortality of more than a million a year from small-pox alone.



"Vaccination, in our opinion, is the greatest physical gift of God to man; if more carefully applied it would exterminate the small-pox altogether.

"No one can be justified in proclaiming thus unqualifiedly their hostility to vaccination, unless they have fully examined the subject, and presented the reasons for their opinions in detail, because public confidence once shaken in the efficacy of vaccination, will surely result in re-introducing the dreadful plague of small-pox, which formerly threatened to depopulate the world."

We have not space for as much of Dr. Loines's report as we desire, and this we regret the more as we think he has conclusively set the whole question at rest. His experience fully confirms belief in the absolute safety of the eighth day vesicle, namely, more than 110,000 primary vaccinations in seventeen years, the vesicles upon over 20,000 of these were opened, and the material used upon the succeeding vaccinees without the introduction of any venereal or other injurious disease. It cannot be said that he does not keep the patients in sight a sufficient length of time to know whether they escape all poisonous infection, for the certificates are not given till Dr. Loines sees the cicatrices after the fourth week, and the parents would be sure to call his attention to any complication which might occur. In addition to which proof, his distribution of over 400,000 charges of early lymph to physicians without any injury, is almost culminative evidence. We conclude with the following somewhat lengthy but most instructive extract:

"In approaching the conclusion of this paper, it must be remembered that it has consisted mainly of two objects, one of which was to throw light upon the whole subject of human vaccination, in order to protect against small-pox in the most efficient manner, and the other to discuss the subjects mentioned in the letter of Dr. Carnochan and Whitney. But it would seem that almost all of the latter have been alluded to in the elucidation of the general vaccine question. It is therefore only necessary to refer to the charges against human *vaccine*.

"It is a very disagreeable as well as delicate task to criticise the opinion of one who has gained so much of the public confidence as Dr. Carnochan, and I can readily believe that the matter he endorsed may have been represented to him; but I am impelled to discuss the paper further, because it represents the sentiments of a portion of the ignorant public who have been prejudiced against all kinds of vaccination, and also of a small portion of the practitioners of medicine who believe in vaccination; but whose ignorance of the laws of vaccine, struma, and syphilis, as well as their superstitious physiological opinions, are the cause of much of the suspicion as regards the effects of the vaccine vesicle. The assertions of failures and injuries by vaccination are not new; they have been continued by the ignorant and prejudiced ever since the days of Jenner. The writers for some empirical medical schools when discussing this sub-



ject, use nearly the same language, seeming to think that they could best increase the height of their domicile by lowering that of their neighbors. I can refer to two of the Herbalistic school which decry vaccination, also to essays of Dr. Nittinger of Stuttgart, of Dr. Bayard of France, and of Messrs. Gibbs and Pearce of England. The instancing in the letter, of twelve cases of variolous disease after reputed vaccination, does not constitute any authority, since we are not informed of the character of their former vaccinations, nor of their dates. I have no doubt that if eight-day lymph directly from the arm, had been used upon them within five years, they would have escaped; but, the cases, even as reported, argue much in favor of vaccination, since, as all recovered, they must have been modified by it; without vaccination, the mortality would have been about one third. The letter, in short, advises first 'a legal enactment prohibiting any use of human vaccine, and second, the establishment of a public institution for obtaining and furnishing vaccine virus solely from the cow, for use in the community, as well as for vaccinating the children attending our public schools.' These two propositions are advised in the most confident manner and in the strongest language possible; as if their authors fully understood the subject, and believed the assertions (which constitute almost their only arguments), to be fully substantiated facts. Now sufficient has been stated on the preceding pages, to show that they know so little of the bovine virus, and that the assertions were mostly so directly contrary to the actual facts, that it is cause for wonder how they could be induced to affix their signatures to the document. They call for a radical change in the practice of vaccination for the following reasons: first, because the practice pursued for the last twenty-five years has not only failed to protect against small-pox, but has also filled the city and country with 'scrofula, syphilis, and other appalling forms of disease,' and the second reason is, that the bovine virus, as they say, is always easily obtained, always pure and innocent, and will always protect against epidemics of small-pox. It is only necessary to say that in the foregoing pages all these reasons have been proved false and controverted, and it naturally follows that the radical change proposed by them is not called for.

"All the mischiefs and failures in the use of human vaccine have been candidly admitted; but when traced to their sources, found to have been easily avoidable by the diffusion of proper knowledge, and perhaps by proper supervision on the part of the sanitary government. But the substance of the letter itself, in its unconscious betrayal of ignorance of medical science and pathology, in baseless '*ad captandum vulgus*' assertions, in its '*post hoc ergo propter hoc*' reasonings, in its assumption of rumors and theories for clearly demonstrated facts, and its entire absence of proofs and statistics, alone ensures its condemnation. What else can we infer, when the sole authorities cited, the *Lancet* and the French report explicitly say, that the use of the bovine virus is as yet a mere experiment, not yet proved equal in its protec-

tion and its effects, clearly not as durable, regular and energetic as the human vaccine, and fails to take in fifty per cent. in primary and eighty-four per cent. in re-vaccinations, and yet they assert in the face of this, that the bovine vaccine is easy and harmless to use, and will protect most surely, and lastingly, against small-pox. Had they been experienced vaccinators, the mere confession of this astonishing amount of failure would have led to the inference that there must be something wrong about the bovine vaccine.

Dr. Marson says, after over thirty years of experience in vaccinating: "with good lymph, and the observance of all proper precautions, an expert vaccinator should not fail of success in his attempts to vaccinate above once in one hundred and fifty times;" my own experience in vaccinating in the same manner and with similar material as Dr. Marson's, leads me to say once in a hundred times. The returns of success for last year by the public vaccinators of England, published in the *Lancet*, show only one per cent. of failures. The aggregate of those vaccinations was 461,000; according to the law every one of these was inspected, recorded, and a certificate given. Facts being entirely wanting to justify it, therefore, perhaps the only cause of the hasty conclusion of Drs. Carnochan and Whitney, and many others, that the cow stock must be perfection as regards protection against variola, and impossibility of injury, arises from the derivation of its illogical name "vaccinia," which many suppose Dr. Jenner gave it; but his appellation was "variola vaccina." Now, the argument is absurd and baseless, that the subtle element which protects against small-pox is any better on the heifer than on the child or the horse—merely because "vacca" means cow, and the principle in the virus is called "vaccine." Dr Jenner never considered that the vaccine originated in the cow. Drs. Carnochan and Whitney, as well as others in France, England and elsewhere, jump at the conclusion, that, as it seems impossible as yet to inoculate cows with indurated chancre, and also that as bad or ignorant management in vaccination from children is candidly admitted to have propagated it on a few occasions, therefore no possible harm could ever result from bovine vaccine, however imperfect it may be, or improperly it may be used.

On the other hand it has been demonstrated that every injury following the use of imperfect, badly developed, purulent,<sup>1</sup> bloody virus, or that tainted with other secretions, would be much more likely to ensue from the general use of the bovine species for vaccinating the human race. The letter recommends the crust from kine which is almost always so mixed with impurities, as to be the worst possible form of vaccine. Any pathologist or intelligent physician would hear with amazement, that Drs. Carnochan and Whitney believed the following assertions given *verbatim* in the next 25 lines, and which occur in their letter. "The general objection to vaccination arises from the fact that much is improperly collected from unworthy and questionable sources, and through its vitiated character, various forms of scrofula, and other constitutional or malignant diseases are fre-

quently introduced into families, who, prior to this process, were entirely free from such taint or development. Impure and worthless matter does generally, when used, produce a very bad sore, and inflicts injuries in a variety of ways." "Vaccine virus taken from the cow is perfectly free from syphilis, and other forms of scrofula, with which it coalesces." Impure, tainted and vitiated virus, causes the spread of syphilis, scrofula, and other appalling forms of disease. Through the bovine virus it is absolutely certain that no taints or impurities could possibly be transmitted. "It is well known, cases not unfrequently occur in practice where the arm becomes badly swollen, highly inflamed, and exceedingly distressing, showing a malignant character utterly unlike the normal condition of a vaccine sore. How can this distressing result be accounted for, if it be not from the transmission of some unexpected malignant disease, which in its development becomes more violent and controlling than the vaccinia; thus rendering its influence upon the system unprotective and useless."

The letter of the Eclectic Medical Society was sent to inform the Board of Health of their passage of three resolutions. The first of which was to the effect that no one should vaccinate a child without the parents' consent, the third recommended the establishment of a bovine Institution, and the other consisted of the following remarkable language: "Resolved, That the subject of obtaining pure vaccine virus direct from the kine is one of very great importance, as matter thus obtained will prevent the spread of a variety of diseases, such as scrofula, syphilis, etc., which almost universally follows the use of impure matter." Human vaccine is thus made the scape-goat of diseases and troubles, which generally ensue from the suffering party's or its parent's violations of physical laws, as well as the mal-practice and short-comings of some practitioners of medicine. It is also implied that a new Pandora's box of diseases has been opened upon the devoted human race.

The substance of the preceding quotations from the letter, together with the assertion that the bovine virus is sure and safe, repeated upon almost every page, (without any particle of proof,) comprises nearly the whole of the communication.

The last clause quoted above, directly says, that the virus alone, without any application, will prevent the spread of syphilis, scrofula, etc., also that after the human is used, the cow virus will still prevent the spread of the same disorders. We must either infer that the name alone of bovine virus is magical, or if not, that these professors being, as the poet says, "most ignorant of that they're most assured," their unbounded confidence leads to a very careless mode of expression. The pathology of the quotations would be quite curious, and unique, if it were only true. That vaccinal syphilis causes scrofula or coalesces with it, or causes any disease with which it coalesces, has never been proved. That impure, tainted, and vitiated matter of any kind obtained through the medium of the vaccine sore and inoculated on the surface, causes scrofula, cannot be shown.



Incidentally, pathologists would like to know with what diseases syphilis or scrofula coalesces? What other constitutional or malignant human diseases can be introduced into the system by superficial, cuticular inoculation, whether through vaccine or otherwise, besides syphilis and small pox?

Impure and worthless matter, according to European experiments on man and animals thus inoculated, generally in about 98 per cent., produces no effect at all; we would like to know their percentage of bad sores and varieties of injury. The letter has been charged with "*ad cap. vulg.*" assertions, amongst others, the following is known, as you say, to be entirely false: it says that the Board of Health "advise and admit the use of impure and tainted virus, and cause the same to be inserted into the arm of an innocent child by a compulsory process, without the consent of parent or guardian, and they therefore pray the 'Board' to abate and prevent the continuance of this flagrant wrong."

One of the sentences quoted means precisely the same as the declaration that all that follows an operation is always the result of it. Such phenomena as are described, only follow injury or violence to the sore or areola.

Does Dr. Carnochan impute all his pyemia and bad results after an operation to the knife alone? The implied theory of your correspondents that all diseases are inoculable or contagious, and manifest themselves in the same way, might be satisfactory to some, as it would set pathological observation at rest. However, scientific men think that a vast field of research is yet before them in the investigation of the actions of morbid viruses. It may be observed, incidentally, that the patient and admirable experiments of Villemain, Collin, Chauffard, and other French and European pathologists on animals, in inoculating tubercle, pus, serum of the blood, non-organized blood, putrefying and other decomposable substances, as yet seem only to show that deep inoculations of the above matters into the circulation may form deposits in certain parts, and then give rise to purulent products capable of taking on a phymatoid form.

Many unjustifiable experiments have been made both in this country and Europe to inoculate tubercle, etc., upon mankind; but always with a negative effect. It might be repeated also that as much as 98 per cent. of attempted superficial inoculations into abrasions or upon the excoriated surface of the skin of all the above mentioned substances failed; and with tubercle the failures were complete. This difficulty of inoculation or absorption in the ordinary mode of vaccination, which is only upon an abraded cutis, also accounts for the general absence of bad results when late, mixed, or decomposing virus is used.



LECTURES ON ORTHOPÆDIC SURGERY. Delivered at the Brooklyn Medical and Surgical Institute, by LOUIS BAUER, M.D., M. R. C. S. Eng. Prof. of Anatomy and Clinical Surgery, etc. Second edition, revised and augmented with 84 Illustrations. New York, Wm. Wood & Co. 1868. Pp. 336.

THAT Department of Surgery which has in view the correction of deformities has not received, in this country, a degree of attention and investigation at all commensurate with its importance. The information contained in our Text Books upon this subject is entirely too meagre and limited to meet the practical wants of the surgeon, and this attempt on the part of Dr. Bauer to present to the profession the most advanced scientific views of the pathology of this class of diseases, and the most improved and valuable methods of treatment, must be welcomed as a valuable contribution to this comparatively unsupplied department.

In the first chapter, after giving a brief but interesting historical *resume* of the cultivation and improvements made in this branch of Surgery, he takes occasion to advocate the practice of specialities as the only true basis of scientific advancement. His views upon this matter are eminently sound and convincing, and we agree with him that the field of medical and surgical science is entirely too vast and extensive to be cultivated to the highest perfection without a subdivision of labor.

In Chapters II. and III. he treats of Deformities of the Feet. The different varieties of pedal distortions, with their anatomical characters, causation and prognosis, are each separately considered. The general principles of treatment are then laid down, after which special treatment to meet the indications of particular cases is described. In the treatment of this class of deformities he regards tenotomy and myotomy as merely initiatory steps. A secondary importance is attached to mechanical appliances, while he regards the hand of the surgeon as by far the best, most powerful and direct mechanical agent for the correction of these deformities. Chapters IX. to VII. inclusive are devoted to spinal Deformities. Antero-posterior and lateral curvatures are treated of in able manner. In his views as to the causation of spinal disease Dr. Bauer dissents from the views hitherto more generally accepted by the profession and inclines to the opinion that a large majority of spinal deformities are due to traumatic rather than constitutional causes.

The succeeding five chapters are occupied with a consideration of Deformities of the Neck; Idiopathic Deformities of the knee; Paralysis; Progressive muscular Atrophy and Rachitis.

The remainder of the work is devoted to joint diseases. The author observes "that about 90 per cent. of articular affections fall upon the period of infantile development. The proportion is, however, very different in different ages of childhood. An articular disease is certainly a rarity among infants; we seldom see it before the expiration of the third year. From that age upward to the fifth

year, these affections become more numerous, and attain, perhaps, their highest numerical proportion at the sixth. Then they commence to diminish gradually, and at about the tenth year they are reduced to but few recent cases. Towards puberty these are probably as rare as during the infantile period.

In the treatment of joint diseases he considers "*rest, absolute and unconditional*"; and the next, *proper position* of the affected articulation, as the very first therapeutic axiom." As to the comparative benefits of simple extension and myotomy he sums up the collective experience on this subject as follows:

1st, Extension cannot part the inflamed articular surfaces for which it has been erroneously designed by the author.

2d, Powerful extension is perhaps the promptest remedy against an ephemeral muscular spasm, as every one has experienced with himself if he has happened to be suddenly attacked by spasms of the muscles of the calf, but it cannot be relied on in persistent spastic agitations of the muscles.

3d, In many instances extension will not only fail to relieve the spasms, but will react unfavorably upon the violence of the existing joint disease, if persisted in.

4th, The division of the contracted muscle is the surest and most unfailing remedy.

Altogether the work may be regarded as the most valuable contribution to Orthopaedic surgery yet offered to the profession of this country.

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## NEWS AND MISCELLANY.

### LOBELIA IN CEREBRO-SPINAL MENINGITIS.

DR. S. P. HUBBARD, of Taunton, Mass., writes: In the Review for January, 1868, I noticed an article on Cerebro-Spinal-Meningitis, by Dr. Cosmin; and, as he did not mention the havoc it made at Chester Factories in April, 1857, I wish to give my experience and the success of my treatment. The place where it was confined was principally in a deep valley. I was summoned on the evening of April 2d, 1857, to a family by the name of Longley. On arriving, I found an allopathic physician in attendance on the family, which consisted of parents and seven children. Two of the children who were taken in the morning died, one in four hours, the other in six hours; they were four and seven years old. The youngest, a babe, was taken sick that afternoon, with three older ones, all alike to appearance, except as to the severity of the disease. The babe was dying, and I did not prescribe for it. The physician pronounced it Scarlatina. The symptoms were nearly all alike, violent headache and distress all over, as they expressed it; pulse from 130 to 180; vomiting dark green matter, thick and tenacious, and at times emprosthotonos severe,

tongue coated dark brown or black; great thirst; pupils of the eyes dilated; skin dry and hot. They had been treated with Dover's powders and calomel!! *secundum artem*. I commenced with a stimulating lobelia emetic, with strong stimulants to the spine, stomach, and bowels, followed with hot packs. I continued the lobelia and composition until the system was thoroughly relaxed in each of the cases. The next morning the parents were both taken severely within one hour of each other. They were treated in the same manner. Within forty-eight hours they were all out of danger, and their recovery was rapid; for in one week they were all able to sit up. I treated in the next 5 days 27 cases; only two died. One was a lad 16 years old, who had been sick 30 hours when I saw him, and he died the next day. The other case lived five weeks; and, when death relieved her, she was a mere skeleton. Let us glance at the other treatment: 25 died in that small village of less than 200 inhabitants in one week. My advice is, prostrate the system with lobelia, but be careful to stimulate well; for, if the stimulants are omitted, you fail. Capsicum or Composition are the only stimulants admissible after the crisis is passed, which is usually in 12 or 36 hours. Then you have only to give good care, simple diet, quietude, and mild laxatives and tonics.

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#### CORPULENCE.

MR. WILLIAM BANTING'S "Letter on Corpulence," which has excited so much attention in England, argues that bread, butter, milk, sugar, beer and potatoes, tend to obesity, and offers many practical suggestions in regard to diet. By proper attention to food, Mr. Banting found that his weight was reduced forty-six pounds in a year. His girth round the waist, in tailor phraseology, was lessened twelve and a quarter inches. There are two English gentlemen now in Boston, we are informed, whose tendency to corpulence was such as to induce them to follow substantially the instructions of this pamphlet. One of them lost forty pounds, and the other forty-two pounds in a year—or about two ounces a day on the average. This whole subject is one of curious interest. Mr. Banting's plan of diet will be considered most generous, and, as he truly says, that man must be an extraordinary person who would desire a better table. It is as follows:—

For breakfast I take four or five ounces of beef, mutton, kidneys, broiled fish, bacon, or cold meat of any kind except pork; a large cup of tea (without milk or sugar), a little biscuit, or one ounce of dry toast.

For dinner, five or six ounces of any fish except salmon, any meat except pork, any vegetable except potatoe, one ounce of dry toast, fruit out of a pudding, any kind of poultry or game, and two or three glasses of good claret, sherry, or Madeira—champagne, port, and beer forbidden.

For tea, two or three ounces of fruit, a rusk or two, and a cup of tea without milk or sugar.

For supper, three or four ounces of meat or fish, similar to dinner, with a glass or two of claret.

For nightcap, if required, a tumbler of grog (gin, whiskey, or brandy, without sugar), or a glass or two of claret or sherry.

This plan leads to an excellent night's rest, with from six to eight hours' sound sleep. This dry toast or rusk may have a tablespoonful of spirit to soften it, which will prove acceptable. Perhaps I did not wholly escape starchy or saccharine matter, but scrupulously avoided those things, such as milk, sugar, beer, butter, etc., which were known to contain them.

On rising in the morning I take a tablespoonful of a special corrective cordial, which may be called balm of life, in a wine-glass of water, a most grateful draught, as it seems to carry away all the dregs left in the stomach after digestion, but is not aperient; then I take five or six ounces of solid and eight of liquid for breakfast; eight ounces of solid and eight of liquid for tea; four ounces of solid and six of liquid for supper, and the grog afterwards, if I please. I am not, however, strictly limited to any quantity at either meal, so that the nature of the food is rigidly adhered to.

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#### ANNUAL MEETING—BROOKLYN ACADEMY OF ECLECTIC MEDICINE.

THE Brooklyn Academy of Eclectic Medicine held its annual meeting last evening at the room of the Young Men's Christian Association. Dr. W. W. Hadley, the President, occupied the chair. The Secretary, Dr. H. E. Firth, read the annual report, after which the annual address was delivered by Dr. E. Freeman, Professor of Anatomy in the Eclectic Medical College of New York, and short entertaining addresses were made by Drs. Hadley, Firth, Newton, and Allen.

The report of the Secretary shows that the Society has steadily increased in numbers and prosperity since its organization, and that regular monthly meetings have been held during the past year, during which meetings the essays and discussions gave evidence of application and learning.

The following are officers of the association for this year:

President—Dr. Wm. W. Hadley.

Vice-President—Dr. J. Y. Tuthill.

Secretary—Dr. H. E. Firth.

Treasurer—D. B. J. Stow.

Censors—Wm. B. Warner, John Horton and J. Danelson.—

*Brooklyn Union.*

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A RUSSIAN FEMALE PHYSICIAN.—A young Russian lady has just passed her examination as Doctor of Medicine at the University of Lubeck.



## RAPID UNION OF FRACTURE IN AN OLD MAN.

DR. FAYRE reports the case, in the "Medical Times and Gazette," of a very old man, a Hindoo, said to be ninety-six years of age, with transverse fracture of tibia and fibula a little above the ankle-joint. The foot was also bruised and excoriated. Ordinary side splints were applied; eighteen days after the fracture he was able to bear his weight on the leg; a starched bandage was applied a day or two later, and exactly one month after the injury was received he walked out of the hospital perfectly well. Dr. F. says, "he had been walking about the ward for several days, and became impatient, so I discharged him."

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## PUERPERAL MANIA.

MRS. MAGGIE M., age 30, of a dark bilious temperament, was entered at the asylum the 29th of April, 1868. Her lochia had ceased about one week after birth of child. Mania set in with full force. At the time of entrance her symptoms were as follows: Slight febrile excitement, skin covered with a cold, clammy moisture, pulse full and quick, the tongue thickly furred, no lochial discharge, the delirium violent, with a tendency to suicide, retention of urine, bowels costive, and great general debility.

The treatment I gave her was to arouse and support the powers of the patient and allay the irritability of the brain and nervous system. The first was accomplished by cordials, stimulants, and nutritious diet. The cerebral excitement was calmed by sedatives. Full doses of gelsemin were administered with the most gratifying results. Her bowels were moved by the comp. podophyllin granules, which keep them in a soluble condition. Aconite was given for fever when not under the influence of the gelsemin. We now have the patient on quinine and iron; finally, her lochia have returned, she is now perfectly sane, and is at this time able to do light work, and will, in a few days, return to her friends cured.

HENRY A. RECORD, M. D.,

Res. Physician Chautauqua County Insane Asylum.

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## THE LEARNED PROFESSIONS IN FRANCE—RELATIVE NUMBER OF WOMEN.

IN France, at the present time, there is no feeling of opposition against women in professional life. In a population of 37,386,813, there are no less than 23,237,632 reported as skilled mechanics, or engaged in professional pursuits. As a proof of the higher cultivation of that country, it may be remarked that there are only 32,230 physicians, whereas in this country the number is 55,000. Of the 327,265 grocers, 173,000 are women. The paper from which I ex-

tract these figures has the following paragraph in relation to learned pursuits:

"There are, finally, no less than 589,398 women practising one or other of the liberal professions in France, whereas in this country less than ten thousand women have thus far adopted a professional career."

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#### BABIES IN FRANCE.

THE reports of the *Société Protectrice de l'Enfance*, founded three years ago, disclose a heartless indifference to, and carelessness of, human life in the arrangements for new-born infants, which are almost incredible. This unwillingness on the part of mothers to act as nurses, which is spreading through every class in France, is a gigantic national evil, considered physically. Rich people can get wet nurses, but middling people have to trust to *meneuses*, baby farmers of the worst kind, regraters of babies, in fact, who keep the poor little creatures at their own houses on food which either kills them or produces chronic gastric disorders, until they can make a good bargain with some neighboring nurses. Of the 53,400 children yearly born in Paris, 18,000 are put out to nurses in the provinces, more than two thirds through the instrumentality of the "agency offices." The mortality among these nurslings is 90 per cent. in the Loire Inférieure, 87 per cent. in the Seine, 69 in the Seine et Oise, and so on. No wonder the population of France takes 198 years to double, while ours doubles in rather more than 50 years. The evils of both systems are immense; besides the actual mortality, there is uncertainty of all kinds. Doctors can check the practice; they are too often ready to encourage it. We have no desire to be alarmists; but recent disclosures, calmly set forth in accredited medical papers, show the existence of similar evils among us; and the decay of the French population shows us to what such evils inevitably tend.—*The Imperial Review*.

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#### [STRYCHNIA IN INTERMITTENT FEVER.]

DR. JOHN P. NASH, surgeon in the Madras army, details, in the *Lancet*, a number of cases of intermittent fever which he treated successfully with strychnia, after quinine had proved unavailing. His observations relate to the most unhealthy regions of India. The strychnia was given in doses, varying between the sixteenth and thirtieth of a grain.

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#### OBITUARY.

DIED, in this city, May 25, 1868, Charles T. Hart, M. D., Prof. of Physiology in the Eclectic Medical College of New York.

An extended notice will appear in the next number.



















